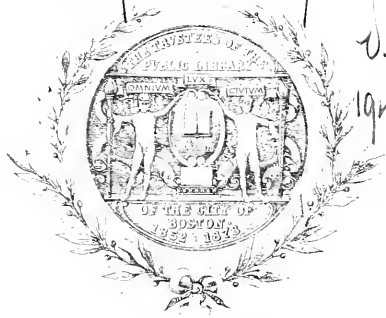


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THE CHILD

Monthly Bulletin

WITH
SOCIAL-STATISTICS SUPPLEMENT

Volume 9

July 1944—June 1945



United States Department of Labor, FRANCES PERKINS, *Secretary*

Children's Bureau, KATHARINE F. LENROOT, *Chief*

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The Doctor is Coming, by E. K. Evans, 91 Dec.

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THE

CHILD

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No. 1

We have an opportunity and an obligation . . . to insure that all young persons have access from birth until they are fully grown:

To adequate food and medical care, so that they may be healthy, strong, and vigorous;

To housing conducive to family welfare;

To educational and guidance facilities adequate to the maximum development and utilization of their personal capacities;

To protection from employment at too early an age or under conditions detrimental to their health or welfare; and

To social and recreational opportunities adequate to develop self-reliant, socially responsible individuals.

—FRANCES PERKINS, *Secretary of Labor*
International Labor Conference
Philadelphia, April 24, 1944

UNITED STATES
DEPARTMENT OF LABOR
CHILDREN'S BUREAU



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UNITED STATES
DEPARTMENT OF LABOR
FRANCES PERKINS, SECRETARY



CHILDREN'S BUREAU
KATHARINE F. LENROOT, CHIEF

• YOUNG WORKERS IN WARTIME •

Girl-Scout Experimental Farm-Work Camp

By CLAIRE LISKE

Public Relations Division, Girl Scouts

EDITOR'S NOTE.—The Children's Bureau believes that the following account of a farm-work camp carried on as an experiment by a youth-serving organization may be of interest to others starting similar projects.

Many of the measures taken at this camp for the protection of young workers, such as careful supervision of living conditions and recreation, safe transportation, medical and nursing care, and trained work leadership in the field, were in line with the standards recommended by the Children's Bureau and other Federal agencies concerned with the safeguarding of young workers in agriculture.

Some of the plans for the camp, however, fell short of the desirable standards. The workers were not guaranteed sufficient income to meet their living costs. The employer did not assume financial responsibility for accident insurance (this was borne by the individual workers), nor for the cost of engaging trained work leaders (this was borne by the organization operating the camp).

The standards recommended by the Children's Bureau and other Federal agencies are listed in Children's Bureau Folder 32, "Good Conditions Make for Good Results When Boys and Girls Work on Farms." (This folder and other information with regard to the standards may be obtained from the Children's Bureau on request.) These standards have recently been recommended also by a joint committee representing the following organizations: Boys' Clubs of America, Boy Scouts of America, Camp Fire Girls, Girl Scouts, National Board of Y. W. C. A.'s, National Catholic Welfare Conference, National Council of Y. M. C. A.'s, National Federation of Settlements, National Jewish Welfare Board.

The national Girl Scout organization had a dual purpose in setting up a farm-work camp at Walkill, Ulster County, N. Y., in June 1942: First, to help in meeting the needs of Hudson River valley farmers for help in harvesting the fruit and vegetable crops; second, to study methods of protection for girl workers in a farm-work camp, a type of camp that was new to the Girl Scouts.

As the season went by, each step in carrying out the plan was studied by members of the national Girl Scout staff so that if the plan proved successful it could be made available for the guidance of Girl Scout offices throughout the country.

In 1942 farmers had appealed to young people for help in harvesting the crops; and there were indications of even greater need for help in the following year. The Girl Scout

organization had no question about the ability of high-school-age girls to do certain types of farm work satisfactorily, for this ability had been amply shown in the Girl Scout projects conducted in 49 communities in 1942. Most of these projects had been on a "day haul" basis; that is, girls had been taken to the farms daily, either from the towns where they lived or from Girl Scout camps. In general these groups had been small, and the Girl Scout executives who were charged with the working out of the next year's program felt that in view of the needs of the farmers some way should be found to provide girl workers in larger numbers and to house them in areas where there was a great deal of farm work that girls could do under trained leadership. They also felt that the organization's long experience in setting up and operating camps would be of use in helping to meet the need for housing and supervision of the girls brought to such areas.

These discussions led to the consideration of a work camp, and a preliminary statement was drawn up. It included, briefly, the following plan:

A camp would be set up on a site so located that it would be accessible to a number of farms. Under this arrangement a large number of girls would live together, thus simplifying administration and recreation, and they would be divided into small groups, or units, to go to the various farms, each group working under a trained work leader. One group would remain in camp one day each week and would be responsible for camp housekeeping, including preparation of food, while the other groups worked on the farms; this plan provided variety and a chance for some leisure.

The girls would attend camp for 2-week periods, and registration would be so arranged that at the end of each period some of the girls would remain so that not all the workers would be new.

Precamp suggestions would be sent to each girl as soon as she registered. These would include sources of information on farm living conditions and customs; farm language, tools, produce, marketing; the farmers' place in the food situation; as well as suggestions on desirable attitudes toward the employer and toward the work. Included also would be recommendations with regard to conditioning and discussion of skills that would simplify camp living and farm work.

A Girl Scout committee of adults, made up of volunteers and professional staff, would be appointed to work out administrative details prior to the opening

of the camp and to serve as an advisory group while the camp was in session.

Before further steps were taken the plan was discussed with representatives of the State Farm Manpower Service, the State Education Department, and the Extension Service of the State Department of Agriculture. All these State officials considered the plan sound, and each in turn encouraged its development and made helpful suggestions. Some of the suggestions were: (1) That the planned 2-week camp sessions be expanded to 1-month or 2-month periods in order to get the best work results; (2) that the camp be operated from June 1 to October 1, in order to provide full service for harvesting all the crops in this area; (3) that a pre-camp period be arranged, during which supervisors could learn directly from the farmers the fundamentals of the jobs to be done; (4) that provision be made for having the farmers participate in the planning. The officials agreed that Ulster County was a good location for such a work camp, as the need there was great and the vegetable and fruit growers in that county had much work that would be suitable for girls.

Planning the Details

Meanwhile, investigations of sites had been made, and it was decided that Camp Wendy at Walkkill, the Ulster County Girl Scout Camp, was the most desirable place for the proposed farm camp, and negotiations for the renting of it from the county Girl Scout council were undertaken.¹ (The National Girl Scout organization had arranged to make \$2,000 available as a backlog for the venture.)

These new arrangements were set forth in a revised edition of the plan, and copies were mailed to the three New York State officials who had been consulted, to the United States Employment Service representative for Ulster County, and to the county agricultural-extension agent.

A week later a Girl Scout representative went to Kingston, the county seat, to discuss the plan with the county agent and to call on as many farmers as possible. When she arrived, the county agent had before him questionnaires which had been returned by Ulster County farmers, showing need for more than 6,000 workers from June into October and showing also that the area of greatest need was within a radius of 5 to 20 miles of Camp Wendy.

¹ This camp was fully equipped. The lease included provision for depreciation, insurance on building and equipment, and use of station wagon.

The county agent was sure that there would be ample work in that area for 100 girls from July 1 to October 1, starting with the picking of currants, following with the harvesting of tomatoes and other vegetables, and concluding with apple picking.

As to the plan, the county agent stated that it was the first concrete plan to supply a large group of workers that he had received; that he thought so well of it he had immediately presented it at a meeting of the county agricultural defense committee. The farmers on the committee, he admitted, did not like the idea of having city youngsters as workers. They had had experience with boys the year before. They thought better of the plan, however, when they learned that it included provisions for housing, food, and recreation, and for supervision in the fields, all of which had been lacking the previous year. Largely because of these provisions, the farmers agreed to give the plan a trial, even though many of them still had misgivings.

The county agent and the representative of the State Farm Manpower Service felt that the participation of the farmers in the planning was important, and in a final conference it was agreed that the county agent would arrange for farmer representation on a planning committee to work out final details.

When this committee was set up it included seven farmers, the county agent, two representatives of the United States Employment Service, and representatives of the Girl Scout organization. The committee met twice, and agreed upon the following conditions:

The minimum age of the girls accepted was to be 15.

The minimum registration was to be a period of 1 month, preferably longer—2 months or even 3.

The girls were to work from 6 to 8 hours daily, not more than 6 days a week, with an hour for lunch and rest periods as necessary. They were to work in groups or units of eight, each group supervised by a trained work leader provided by the Girl Scout organization.

Transportation from camp to farm was to be by bus. The manager of a local bus line was invited to the second meeting, and he proposed to supply two busses fully insured, to be operated by school-bus drivers. These busses would call for the girls at the camp in time to deliver them at the farms at 8 a. m., pick them up in the late afternoon, and return them to camp. The charge proposed was 50 cents per girl per day. The employers agreed to pay 30 cents of this; the girls, 20 cents.

Placements with the farmers were to be made through the United States Employment Service office at Newburgh.

The employer was to check with the Girl Scout supervisor as to the work done by the girls in her unit each day and was to pay the total sum earned by the unit to the supervisor at the end of the week, or if less than a week, on completion of the job. The supervisor was to turn the money in at the camp office, which would pay the individual workers.

The wages were to be 30 cents an hour for unskilled workers for day work, and at prevailing rates for piece work.

Participation by the farmers in the planning brought forth a number of practical suggestions from them and also a fine cooperative spirit. It was the farmers' suggestion that no girl younger than 15 be included, because they know how hard the work is. It was the farmers also who suggested bus transportation because they knew that many of them did not have adequate insurance, that in many cases their cars and their drivers might not be so safe as those of the bus company. Through the discussions they in turn learned about the Girl Scout standards. They recognized the value of the standards and indicated that they would do all they could to see that these were maintained.

One of the field advisers of the Girl Scout region in which the camp is located was made director of the camp. She proceeded immediately and with great care to assemble a staff consisting of an assistant director, a business manager, a dietitian, a cook, a nurse, a director of water activities and an assistant, and a handy man, as well as a leader and an assistant leader as supervisors for each of the six work groups or units.

Most of the staff were obtained through regular Girl Scout channels, and the work of selection was facilitated by the fact that many good professional workers in this field were interested in the project, since it enabled them to combine camping with practical war work. With the exception of the cook and the handy man, all were college-trained and had excellent experience records.

The camp paid all members of the staff standard full-time salaries, except the unit leaders, to whom it paid only a small weekly sum for their supervisory work because the farmers were to pay them for working in the fields with their units.

Recruitment and Selection of Girl Workers

A member of the public-relations division of the National Girl Scout organization was assigned to publicize the camp projects, and announcements were made at five large Girl Scout sectional conferences held at various cities in the region from which girls might be drawn. Stories were released to New York City newspapers, as well as to papers in other key cities in the region, and two radio programs telling about the camp were arranged. Appeals were on the basis of the needs of the farmer and the opportunity for service rather than on a monetary basis.

A folder giving details about the project was mailed out on request, and distributed through Girl Scout offices in the region. This folder told why the camp was being established, where it was located, and how to get there; described its facilities, program, and staff, gave a list of what to bring, and also included the following information:

Age: Age limits are to be 15 to 19 years inclusive.

Applications: Applications will be accepted from members of the Girl Scouts from any region until June 15; after that from any girl within the age limits, with preference given to former Girl Scouts. Nonscouts may put their names on waiting list at any time; their applications will be accepted in order received.

Registration: A girl may register for 1, 2, or 3 months as follows:

Period 1..... June 29 to July 27.

Period 2..... July 27 to Aug. 24.

Period 3..... Aug. 24 to Sept. 28.

Camp fee: Each girl will pay \$10 a week, in advance, \$2 of first week's fee to accompany application. This \$2 registration will be refunded only in case the application is refused.

Wages: Wages will be paid at the prevailing rates for unskilled labor. It is anticipated that wages will cover board.

Work permits: Work permits must be secured, if applicant is under 16, through the superintendent of schools in locality where she attends school.

Insurance: It is recommended that personal accident insurance be carried. A personal accident policy can be secured for \$3 from _____

(name of company)

Health and safety: Applicants must take a physical examination not earlier than 1 week before coming to camp, and the health-certificate blank, which will be mailed with the application blank, must be filled out by the examining doctor. Health of campers will be watched carefully. No girl will work more than 6 days a week nor more than 8 hours a day. A registered nurse is in residence at the camp and a physician is within call at Walkill, 2 miles away. This physician will be consulted if necessary, fees to be met by the camper. The camp nurse reserves the right to send home any girl whose condition is not suitable for work at a farm camp. Parents will be promptly notified in case of emergency. Swimming will be supervised by American Red Cross life savers and instructors.

Food: A trained dietitian will supervise the planning and preparation of meals, which will be ample and well-balanced. Lunches will be taken from camp to the farms. Pasteurized milk will be used. Water will be tested regularly.

Each application blank was sent out accompanied by a letter of welcome from the director. The letter requested the applicant to notify the director as to how and when she expected to arrive at the camp and reminded her to bring her ration book. The following statement was included: "The camp offers an opportunity to gain a broader understanding and awareness of the farmer, his life, and his intensified problems. To earn his respect our attitude must be that of cooperation, pride in good workmanship, and appreciation."

Among other enclosures were a blank for a health history and health certificate, a description of the accident-insurance policy, a set of instructions for conditioning exercises, and reading sources on other such exercises and on nutrition.

A great many applicants came directly to the New York office and these the camp director interviewed personally. Others applied through their local Girl Scout office or by mail. Every applicant was informed that the work would be hard and that she would be expected to stay with it once she began. It was interesting to have a farmer report later: "Last summer the boys we had were out for a vacation, but these girls know what it's all about. They know the farmer needs help to get his crops in and they're here to work."

When asked why they wanted to come, the great majority of the applicants replied: "We want to help win the war," and this was the spirit that kept them on the job in spite of the heat and aching muscles.

The quota for the first period was reached several weeks before the camp opened, and a number of girls had to be refused or placed on the waiting list for the next period.

Selection of Farms and Placement of Workers

The Girl Scout executives had already met a number of the farmers for whom the girls were to work, in the planning committee, and had visited a number of the farms.

The assistant director of the camp was in charge of sending out the groups of girl workers. It was her responsibility to visit the farms to check up on working conditions and to obtain up-to-the-minute information with regard to the probable length of the jobs and the number of workers required. She also received from each unit supervisor a daily report on the hours that the unit had worked and the amounts earned, as well as the needs of the farm for the next day.

At the beginning of the season the employers' requests for workers came to the assistant director through the United States Employment Service. It was not possible, however, for the camp to keep the Employment Service informed constantly of changes in plans, such as having to keep a group of girls on a job longer than was expected or having to send additional girls to a farm on the second day of a job. It was therefore decided to change the plan, so that the assistant director received requests directly from the employers and reported them to the Employment Service.

Precamp Arrangements

The camp staff and the supervisors arrived at the camp a week early, the camp staff to set up tents, make up beds, and get the camp ready generally; the supervisors to get instructions on the jobs to be done so that they could instruct the girls later. These instructions were given in some cases by the farmer; in others by the county agent.

Since it was impossible for the camp authorities to have the drinking water at each farm tested regularly, it was decided that the girls would carry their own supply from the camp in vacuum jugs. The supervisors were to carry purifying agents for use if the jugs had to be refilled.

By opening day the camp, the first placements, the bus schedules, the camp program, all were in gear, ready to roll.

The Camp in Operation

The cooperative planning, in which all the groups concerned took part, soon began to pay dividends in confidence, good will, and a smoothly running project.

The currant crop was the first to be tackled. One of the growers, when his 3 tons of currants had been picked, stated:

It was the smoothest picking season I have ever had. The girls did fine work and the supervision was excellent. It made it so much easier for me. For example, I noticed that when they started picking some of the girls didn't quite fill their boxes. If I had singled out one or two and criticized them for this, they would have been hurt and perhaps luffy. This way I just told the supervisor. She spoke to the group, and we had no further trouble on this score.

The supervisor carried a first-aid kit and I didn't have to worry about sunstroke, or cuts and bruises. I knew she would take care of those things.

Another good thing was the bus transportation. It was a great relief to me not to have to worry about insurance or accidents on the road. And all the girls arrived at one time and on time, and I could start them all off together.

I'm very well pleased. I wish you'd put me down right now for 25 girls next year.

The adult supervision provided was greatly appreciated by all the farmers. As one of them put it: "Without supervision, you know how young girls are. They're like birds. If one takes a drink, then all have to go for a drink."

The record of the camp for the season was as follows:

- 29,326 quarts of currants picked (22 tons).
- 2,369 quarts of cherries.
- 1,363 pints of raspberries.
- 360 bushels of beans.
- 1,312 quarts of blueberries.
- 7,438 crates of onions.
- 2,815 bushels of tomatoes.
- 917 crates of carrots.
- 1,598 bushels of apples.

6,800 hours of work weeding, hoeing, haying, thinning and picking apples, picking sweet corn, and so forth.

The girls' schedule was a stiff one. They rose at 5:30 a. m. By 7 a. m., when the busses called, they had had breakfast, and in addition had done what is known in Girl Scout circles as "kapers"—on farms as chores—caring for their tents, preparing vegetables, setting tables, waiting on table, washing dishes. The girls took turns at these jobs, except for taking care of the tents, for which every girl had responsibility. They worked from 8 to 5 on the farms, with an hour for lunch, and returned to the camp about 5:30 or 6. This just about gave them time for a swim before dinner, which was at 7.

After dinner the program varied—singing, folk dancing, informal discussions, square dancing, dramatics. Taps were sounded at 9:30.

The girls stood up amazingly well under this regime. They said frankly that they had never worked so hard and they had never had so much fun. "And we've learned so much," they usually added. They grew to like and respect the farmers. The girls were greatly interested in farm life and management. They asked endless questions of the farmers, who were pleased with their interest and entirely willing to enlighten them. The girls wanted to know how much the farmer got for a crate of onions, a bag of corn, a bushel of tomatoes. And then, they would try to calculate his profit. As they worked, each in turn would suggest an item that had to be considered. For example, the farmer had to plow and cultivate the land, and plant, and hoe, and on top of that the rain might wash out his whole crop. He had to buy the baskets and crates. He had to grade the vegetables and fruits and sort and grade them. He had to have a truck, had to load it, and drive it to the city. Before they finished, they usually came to the conclusion that he had to work mighty hard for anything he made.

As one girl put it, "Tomatoes and corn will never be just tomatoes and corn to me again. Every time I see a tomato now, I'll think of how much work went into producing it."

While they were picking green tomatoes, the farmer told them that one lot was too ripe to pick for his market; they would just have to leave them on the field. The girls were so concerned about wasting these tomatoes, that they asked to pick them on their own time. They took them to camp and helped to can them, with the result that the camp has 48 quarts of tomatoes stored for use this year.

No arrangements had been made for increases in wages when girls became skilled. The rates, however, were voluntarily increased by some of the farmers.

For example, a team of three girls worked at picking sweet corn. They were instructed carefully by the farmer, who showed them how to test the corn for softness, explaining that if one soft ear was found in a load, or one bag was found short one ear, the entire load would be rejected. When he came back to check after a few days, he found the girls were doing excellently. He was so pleased that he raised their wages from 30 to 50 cents an hour. "They are doing every bit as well as my experienced workers," he said, "so I figure they ought to get the same pay."

When the girls first went into picking tomatoes they were paid by the bushel. When the assistant director of the camp called to check on conditions she found the farmer disturbed about the small amount the girls had picked. At his suggestion, the rate was raised 2 cents a bushel "to give them encouragement." The assistant director took the matter up with the president of the camp self-governing council, which consisted of one girl representative from each of the six units in camp. Her speech to her fellow workers ran something like this:

At ----- farm today the records show that the girls picked 5, 6, 7, 7½, 9, 11, 19, and 20 bushels respectively. Now we've got to do better than that. Those tomatoes are ready to be picked and the farmer's got to get them in. Besides, you know he's paying 30 cents transportation for each one of you. He's losing money on you when you pick so little. If you go out to pick, you're under obligation to him to pick at least 10 bushels, and if you stay with it you can do better than that.

The next day the lowest number picked was 11, the highest, 23, with an average of 16.

In so large a group of workers as this, there naturally were some that fell by the wayside. During the first month, 10 girls out of a total enrollment of 94, and during the second month 10 out of 97, left or were sent home because of physical disabilities or homesickness or for family reasons. On the other hand, 47 girls who had registered only for the first period remained for the second.

The total record of injuries and illnesses that required more than one visit to the camp nurse or to the physician, was as follows: Sunstroke, fainting, 1; broken ankle, 1; sprained ankle, 1; bruised ankle, 2; poison ivy, 10; mumps, 1; stomach upset, 2; cases of possible appendicitis, 4; bronchitis, 1; stepped on nail, 2; earache, 4; boils, 3; cut finger, 2; swollen glands, 1; sore throat, 2; colds, 9; lacerated foot, 2; sore back, 10. Time lost because of menstrual periods was negligible.

Girls requiring the physician's attention were taken to his office, 2 miles away, in the camp station wagon.

In September most of the girls had to leave camp to go back to school. Twenty girls were able to stay into September for short periods. These 20 stayed because "our farmer needs us." (The United States Employment Office sent 11 workers to make up for the girls who had to leave for school; and another organization, Farms for Freedom, sent 20 workers and 1 supervisor.)

Community Relations

The townspeople of Wallkill, having heard from the farmers of the good work the Girl Scouts were doing, were eager to do something for them and arranged to have a square dance in the school auditorium. They engaged a three-piece orchestra; the coal truck and the ice truck were cleaned and polished, and served to carry the girls to the school and return them to camp. Soft drinks were served; the first bottle free, the rest at the usual cost. It was a happy affair all around, but it brought up the question of dates.

On the following day, Sunday, a number of town boys called at the camp and a group of girls consulted the director about dates. The Girl Scout organization, being responsible to the parents, could not allow the girls to go off on dates separately, and the suggestion was made that they go in groups with chaperones. This was acceptable, and so the boys were invited to form a committee with several of the girls, which would investigate the possibilities and decide upon entertainment for the group. It happened that the county fair was being held the next week end, and a group of boys and girls, with several of the camp counselors, went and had a wonderful time.

Later the county agent and the United States Employment Service representative arranged a trip to Stewart Field nearby. The girls had seen the planes flying overhead and were delighted at the opportunity of seeing where they came from. An officer took them on a tour of the field and told them about the types of planes there and explained their operation.

The families of many of the farmers entertained the girls at Sunday dinner, and the girls in turn invited them to the camp for dinner and evening programs.

Appraisal and Recommendations

The project on the whole was very successful. The farmers were unanimous in their request

for the girls to return next year, in double their number if possible. The county agent and the representatives of the United States Employment Service and of the State Farm Manpower Service, all were most generous in their praise of the camp and its management, and of the performance of the girls.

The Girl Scout executives in charge of the camp, while greatly pleased, were critical too, and found a number of improvements that could be made.

Financing

Financially the camp carried itself on the \$10 a week board-and-lodging charge for July and August, while it was full. There was a small deficit in September, when the ranks were depleted because the girls had to return to school.

In the original plan a 5-day workweek was proposed, so that each girl could have 1 day a week on which she could catch up on letter writing, personal laundry, and so forth. This was done early in the season, but as the demand for workers increased, the girls worked 6 days a week, reducing their leisure time to a minimum. The unit leaders, who supervised the work in the fields, were also charged with supervising the evening and week-end programs, which seemed too heavy a program for them. The campers had too heavy a schedule of "kapers," or chores.

The director therefore recommended for the following year: (1) That additional kitchen and general help be employed in order to relieve the girls of all camp housekeeping duties except caring for their own quarters, serving meals, and washing dishes; (2) that an assistant director in charge of programs be added to coordinate outdoor living, activities, and special programs; (3) that at least three staff members, instead of two, be employed as unit leaders or supervisors for each work unit, so that one leader can remain in camp each day to be ready to take care of the unit for the evening program; and (4) that the salaries for the unit leaders be increased and, if possible, that of the assistant unit leaders also.

Earnings

Earnings did not quite come up to what had been anticipated. There were several slack periods during the first month, due to unpredictable factors. The currants were not ripe enough to pick when the girls first arrived in camp, and the first week was lost. Failure of the peach crop caused another slack period later on. The average monthly earnings for the period June 29 to July 27 were \$19.43; for the period July 27 to August 24, \$25.08. This meant that some of the girls did not earn their full board fee.

The county agent and United States Employment Service representative felt this should be corrected the following year, and the farmers agreed to accept responsibility for keeping the girls employed steadily. Also, the director felt that in order to prevent disappointment, the information sent out should tell the girls that they may not earn their full board fee.

One farmer kept 10 girls busy straight through the summer, at a variety of jobs, including painting of a tenant house, and these girls of course earned their way and more. The director felt that such arrangements should be promoted.

The unexpected change in plan through which the assistant director of the camp took over the work of receiving the requests for workers directly from the employers made the camp placement job a tremendous one, and the director recommended that in the following year a placement director be appointed early so that she could make the initial arrangements with the employers, and continue this plan through the summer. Since the placement worker had to make weekly reports from the daily reports of the supervisors, bill the growers, and pay the girls in cash weekly, it was also recommended that a supply of forms for these transactions be ordered, and that separate books for all accounts relating to hours and wages for farm work be set up.

Health and Safety

Although working conditions were generally good, the smallness of the staff made it impossible to check on the sanitary facilities of a farm before girls were placed, and the facilities were sometimes found to be inadequate. And although physical examinations were required before girls were accepted, a few who were subject to hay fever, asthma, poison ivy, and so forth, slipped through.

The director therefore recommended that in the following year the placement director check on sanitary facilities at every farm before the girls are placed, to be sure that these meet the minimum standards set up for Girl Scout camps; and that the health certificate contain the statement: "Do not consider going to farm

camp if you are susceptible to hay fever or asthma, or seriously allergic to poison ivy;" and that every application, together with the health certificate, be submitted to the camp director for approval before the applicant is accepted.

Other general recommendations were made with regard to obtaining food supplies; planning more varied lunches, bigger breakfasts, and midmorning and midafternoon snacks in the field; for camp improvement; for working with the State to obtain free transportation to and from campers' homes to camp; for providing camperships without fees for worthy girls; for giving staff members time off at intervals; for providing hot showers and heating arrangements if the camp is to be kept open in September.

On the whole, the director felt that the girls benefited from the experience. They learned work habits which should stand them in good stead when the work-a-day chapter in their lives begins; they learned a great deal about food production and about judging vegetables and fruits, which should improve them as consumers; and they learned to know the farm people and the townspeople. The experience, in short, opened a whole new world to them.

The director felt too that a great deal was accomplished in fostering better understanding between city and rural groups. Many of the girls are corresponding with the farm people. The girls are looking forward to returning, and the employers are eager to have the same girls back with them.

Mutual respect and confidence has been built up between the farmers and the Girl Scout camp executives. When the farmers, at a meeting recently held, learned that the camp needed some repairs, they offered to give a hand with the work. Similarly, when they heard that getting food for the camp had been difficult, they suggested that each of them might plant extra vegetables for the camp, one saying he could supply a bushel of peas a week, another that he could supply a bushel of tomatoes, and so on. All are looking forward to successful and happy seasons in the future.

Safety for Young Farm Workers

National Farm-Safety Week, July 23-29

"A sense of responsibility for the proper instruction in rules of safety of the many young and inexperienced persons now being employed on farms in all parts of the country," as well as constant attention to old and familiar precautions is urged on farmers and farm-work supervisors in the proclamation of the President designating the week beginning July 23 as National Farm-Safety Week. The President points out that loss of life and limb by accident among our farming population has reached an appalling figure and that the risks have lately been increased by longer hours of work and consequent fatigue.

The Department of Agriculture and the War Food Administration have officially endorsed observance of National Farm-Safety Week, which is sponsored by the National Safety Council.

Farm-Safety Standards

Standards for safe employment of boys and girls in farm-work programs have been agreed on by the Children's Bureau, Office of Education, Extension Farm Labor Program, War Food Administration, and a joint committee of youth-serving organizations. The points that should be given special attention include knowledge of efficient and safe methods of work; supervision on the job by work leaders and when living in camps or farm homes by responsible adults; safe transportation; insurance; pro-

vision for first aid and for medical services; reasonable working hours, with rest and lunch periods; safe drinking water near at hand; toilets and washing facilities; sanitary and safe living conditions; wholesome foods; and plenty of sleep. The first and most important safety provisions, however, as in any program for the protection of young workers, are those of minimum age and physical stamina. Are the children old enough? Are they strong enough? According to these standards children in day-haul programs or in work camps run by recognized youth-serving organizations should be at least 14 and children living in other work camps or in farm homes should be at least 16; each child should be given a medical examination to determine his physical fitness and should have the written consent of his parents before being accepted for work.

In addition to articles that have appeared in *The Child*, the Children's Bureau has prepared the following materials for use in developing safe programs of farm work for boys and girls:

Good Conditions Make for Good Results When Boys and Girls Work on Farms. Folder 32. 1944. 4 pp.
Work Leaders for Groups of Nonfarm Youth Employed in Agriculture. Publication 305. 1944. 10 pp.
Guides to Successful Employment of Nonfarm Youth in Wartime Agriculture. Publication 290. 1943. 14 pp.
Accident Hazards to Young Workers in Wartime Agriculture. 1943. 10 pp. Mimeographed.
Summer Jobs in Agriculture. April 12, 1944. 1 p. Mimeographed.
Suggestions to Parents Whose Boys and Girls Want Summer Jobs. June 17, 1944. 1 p. Mimeographed.

I. L. O. Recommendations Regarding Employment of Young Workers

A far-reaching concern with child labor and youth employment, in its relation both to the welfare of youth and the economic well-being of nations, has characterized the work of the International Labor Organization since its beginning. At the first International Labor Conference, held at Washington in 1919, two of the six conventions adopted related to employment of children and young persons. Ten conventions dealing with child labor have been proposed in all, including the establishment of minimum ages for employment and the prohibition of night work for young persons. In 1937 the Conference took the unusual step of raising

a standard embodied in conventions that had been already adopted and had been ratified by a large number of countries, by changing from 14 years to 15 years the basic minimum age for employment in both industrial and nonindustrial undertakings.¹ The onset of the war has prevented progress in ratification of this higher standard, but the need for advance in protection of young workers was still in the forefront of plans when the 1944 Conference met. (See I. L. O. Proposals for Post-War Youth, in *The Child*, May 1944.)

¹ Exclusive of employment in agricultural undertakings and employment at sea.

The 1944 Conference, at Philadelphia, dealt with not only minimum age but also other important phases of the problem of child labor and youth employment, including guidance and apprenticeship. Protection of the oncoming generations from harmful child labor is implicit in the recommendation of the conference on the social provisions that should be inscribed in the peace settlements.

The Conference recommendations on employment, social security, and medical care, as well as those on provision for minimum standards of social policy in dependent territories, include specific proposals for the protection of children and young persons. Some of these recommendations will be discussed in future issues of *The Child*. The recommendations with regard to employment of young workers in the transition from war to peace are as follows:²

Employment of Young Workers

30. (1) The policy of revising upward the school-leaving age and the age for admission to employment should be considered by all countries as a primary factor in planning employment policy for the transition period.

(2) Maintenance allowances should be granted to parents by the competent authorities during the additional period of compulsory education referred to above.

31. Student-aid programs should be developed to enable young persons above the school-leaving age to continue their education in secondary schools or high schools, and for those beyond the secondary-school level, subject to continued proof of merit, in technical or higher education schools or courses on a full-time basis.

32. (1) Vocational-guidance services adapted to their needs should be available for all young persons, both prior to and at the time of leaving school, through the school or the employment service.

(2) Free preemployment medical examination should be provided for all young persons. The results of this examination should be incorporated in a certificate to serve as a basis for periodical reexaminations during a period to be prescribed by national laws or regulations.

(3) In countries in which war conditions and enemy occupation have undermined the health of young persons, particular attention should be given to the health supervision of such persons from the time of their admission to employment through the period of adjustment to working life, and, where necessary, measures of physical rehabilitation should be adopted.

(4) Members should cooperate, when requested, in providing for the training of medical and nursing staff, and the loan of experienced doctors, surgeons, nursing personnel, and appropriate equipment, in order to facilitate the physical rehabilitation of the young persons referred to in subparagraph (3) above.

33. (1) Young persons whose contracts of apprenticeship have been interrupted owing to the war should be entitled to resume apprenticeship on the termination of their war service.

(2) State aid should be made available to enable a person whose apprenticeship has been resumed in accordance with subparagraph (1) above to be assured of an income which is reasonable, having regard to his age and to the remuneration he would have been receiving had his apprenticeship not been interrupted.

(3) In all cases in which military service, raw-material shortages, enemy action, or other war circumstances have prevented young persons from entering or continuing apprenticeship, arrangements should be made to encourage them, as soon as circumstances permit, to resume their apprenticeship or to learn a skilled trade.

(4) With a view to encouraging the resumption of interrupted apprenticeships, arrangements should be made to review the provisions of apprenticeship contracts and to vary them where this seems equitable to take account of training, skill, or experience acquired during war service.

(5) Existing apprenticeship programs should be reexamined, in cooperation with employers' and workers' organizations, with a view to giving wider opportunities to learn a skilled trade to the younger workers who have not been able, owing to the war, to enter apprenticeship. More particularly, consideration should be given to making arrangements for varying existing restrictions on admission to apprenticeship and for taking into account any training, skill, or experience acquired during the war.

34. Employers should be encouraged to introduce programs of systematic in-plant training to enable all the young workers employed in the undertaking to acquire training or to improve their skill and broaden their knowledge of the operations of the undertaking as a whole. Such programs should be developed in cooperation with workers' organizations and should be adequately supervised.

35. In countries which have been invaded during the war, and in which there are young persons who have been compelled to abstain from work, or, without regard to their aptitudes or desires, to work for the enemy, special attention should be devoted to the readjustment of such young persons to work habits and to supplementing their vocational training.

Among the general principles laid down with regard to the organization of employment in the transition from war to peace the recommendations include the following:

Efforts should be made during the transition period to provide the widest possible opportunities for acquiring skill for juveniles and young workers who were unable, because of the war, to undertake or to complete their training and efforts should also be made to improve the education and health supervision of young persons.

In connection with methods of application of the principles the recommendations suggest that each government should arrange for the coordinated collection and utilization of as complete and up-to-date information as possible on certain aspects of employment, including:

The number and distribution of older workers, women, and juveniles who are likely to withdraw from gainful employment after the war emergency and the number of juveniles who are likely to be seeking employment on leaving school.

²International Labor Conference: Provisional Record, Twenty-Sixth Session, Philadelphia, No. 33, pp. iii, iv, and xi-xiii.

SAFEGUARDING THE HEALTH OF MOTHERS AND CHILDREN

E M I C Program Growing

The act making appropriations for the Department of Labor for the year ending June 30, 1945, includes \$42,800,000 for the Children's Bureau to be used for grants to States for emergency maternity and infant care. The amount appropriated for this purpose for the year ending June 30, 1944, was \$29,700,000. The report of the Committee on Appropriations in the House of Representatives to accompany the 1945 appropriation bill (H. R. 4899), contains the following statement on emergency maternity and infant care:

*Grants to States for emergency maternity and infant care (national defense).—*The program to provide medical, nursing, and hospital maternity and infant care for wives and infants of enlisted men in the armed forces of the United States was inaugurated in March 1943 and since that time has grown by leaps and bounds. The initial appropriation to carry the program for approximately 3 months in fiscal year 1943 was \$1,200,000. Regular and deficiency appropriations for fiscal year 1944 amount to \$29,700,000. It is difficult to estimate the needs for this program during the fiscal year 1945, but if present trends continue the requested amount of \$42,800,000 will perhaps be insufficient.

The program is a cooperative one, with the public-health departments of the various States handling the actual administration of the program under plans approved by the Children's Bureau. Difficulties have been encountered, as may be expected in any new program, and the committee has endeavored to meet the more serious situations that have arisen through amendments. In the First Supplemental National Defense Appropriation Act, 1944, the program was confined to enlisted men of the four lower grades and that provision has been continued. The Bureau has requested, and the Budget has approved, language to permit a contribution of not to exceed 4 percent of the amount allotted to a State to be used for State administrative purposes. The committee has approved the language but has reduced the percentage to 2 percent. It is realized that the public-health departments of the States have rendered a great service and in large part the success of the program has depended upon the efficiency of the States in administering this program. It has been shown that in instances the States have expended funds that otherwise could have been used in other health and child-welfare programs. But on the other hand the States have an interest in this program the same as the Nation and should expect to carry a part of the cost of administering it.¹

The accompanying table shows the number of maternity cases and the number of infant-care cases authorized for care by State health departments in May 1944. The figures are subject to revision on the basis of final reports from State agencies.

Emergency maternity and infant-care cases authorized during May 1944¹

(Preliminary report)

State	Maternity cases authorized— (includes new-born infants)	Infant cases— more than new-born	State	Maternity cases authorized— (includes new-born infants)	Infant cases— more than new-born
Total.....	41,768	4,418	Missouri.....	1,146	84
Alabama.....	860	35	Montana.....	156	45
Alaska.....	15	1	Nebraska.....	449	45
Arizona.....	267	27	Nevada.....	54	10
Arkansas.....	866	34	New Hampshire.....	120	0
California.....	3,187	167	New Jersey.....	879	111
Colorado.....	539	87	New Mexico.....	241	46
Connecticut.....	481	71	New York.....	3,570	609
Delaware.....	55	4	North Carolina.....	1,262	51
Dist. Columbia.....	427	105	North Dakota.....	153	41
Florida.....	738	26	Ohio.....	1,652	89
Georgia.....	782	41	Oklahoma.....	1,023	34
Hawaii.....	39	6	Oregon.....	430	32
Idaho.....	203	20	Pennsylvania.....	2,404	375
Illinois.....	1,387	165	Puerto Rico.....	171	10
Indiana.....	1,187	195	Rhode Island.....	233	20
Iowa.....	549	109	South Carolina.....	774	49
Kansas.....	957	189	South Dakota.....	199	59
Kentucky.....	851	41	Tennessee.....	526	19
Louisiana.....	433	124	Texas.....	3,409	132
Maine.....	215	11	Utah.....	304	9
Maryland.....	382	28	Vermont.....	94	32
Massachusetts.....	1,797	453	Virginia.....	676	242
Michigan.....	1,410	92	Washington.....	546	37
Minnesota.....	285	6	West Virginia.....	572	54
Mississippi.....	733	262	Wisconsin.....	592	87
			Wyoming.....	88	3

¹ "Cases authorized": Wives or infants under 1 year of age of enlisted men in the 4 lowest pay grades, for whom initial application has been approved and services have been authorized. A subsequent pregnancy of a woman previously cared for is counted as a new case. The report includes reopened cases of persons who have moved and have returned to the State and cases transferred from other States.

² Infant cases are included in count of maternity cases.

The authorization of 46,186 cases in May brought the total number of cases authorized for care to 355,273, of which 336,673 are maternity cases and 18,600 infant-care cases. Care of the newborn infant for the first few weeks is included in the maternity cases, as well as medical, nursing, and hospital care for the mother. The infant-care cases include immunizations of infants under 1 year of age and medical, hospital, and nursing services for sick infants. The number of infant-care cases is increasing each month.

Wives and infants of Army aviation cadets, previously excluded from the program, were made eligible for care under an amendment added in the Senate.

¹ In the act as passed by the conference committee and as approved by the President on June 28, 1944, the amount allotted for administrative purposes is 2½ percent.

Care of Soldiers' Families in Soviet Russia, 1943-44

By ANNA KALET SMITH

Office of the Chief, U. S. Children's Bureau

Proper care of soldiers' families is considered in Soviet Russia as one of the most important requisites for winning the present war against the Germans, and both the Government and the people have joined their efforts to that end. The National Government is paying allowances and pensions to soldiers' families, who comprise the great majority of the people; it allows them reductions in taxes, rent, and tuition for the children in school, and other privileges, and it has recently instituted a system of social services for them.

Government Offices Administering Aid to Soldiers' Families

Special Government offices were established throughout Soviet Russia in 1943¹ for the administration of the law on allowances, pensions, and social services for soldiers' families. These offices, which are attached to the administrative departments of the cities, districts, provinces, and republics, distribute the allowances and pensions provided by law.

In the first year of their existence the offices in the R. S. F. S. R.² investigated and registered all soldiers' families in that part of the country. In the course of this investigation 174,000 families were discovered which either were not receiving Government aid or were receiving it in smaller amounts than they were entitled to by law. With the aid of these offices the families received all the back payments due to them.

The total amount of allotments and pensions distributed to soldiers' families in the R. S. F. S. R. in 1943 was more than 6½ billion rubles.³

The offices administering aid to soldiers' families are also instrumental in obtaining for the families the various privileges allowed them by law; in addition, they help to provide the families with fuel, shoes, clothing, and other necessities, donated by official or private or-

ganizations. In 1943 the offices helped 131,000 families to obtain living quarters and 304,000 families to repair their homes; they obtained for 2½ million families plots of land and seeds for vegetable gardens and feed for cattle; they placed in employment 1,500,000 members of soldiers' families, and they distributed 120 million rubles collected from private and semiofficial sources.⁴

Aid by Collective Farms

Large-scale collections of money, food, and other necessities for soldiers' families have been organized by collective farms, trade unions, youth organizations, and others. In 1943 the collective farms⁵ grew large quantities of food above the amounts prescribed by the authorities and they donated the surplus for the benefit of soldiers' families. A group of collective farms set up a fund of 50 million rubles for the establishment and maintenance of 10 recuperation homes for children evacuated from Leningrad in the winter of 1941-42 before the Germans besieged the city. Twelve thousand children have been cared for annually in these homes.

Institutions and Other Facilities for Children

The importance of special protection for children in present-day Russia has been stressed both by the Government and the people, particularly since the predominant majority of children have fathers or mothers in the armed forces. The devastation of the war created a need for large numbers of institutions for children. A Government decree issued in August 1943 provides for the establishment of institutions for orphans and homeless children found in the territories liberated from the Germans prior to that time. These institutions, nearly all of which were in operation early in 1944,⁶ are Government-supported. There are three types of these institutions: (1) Schools for the maintenance, vocational training, and general education of children of various ages,

¹ *Pravda*, Moscow, February 28, 1944, and *Izvestia*, Moscow, August 28, 1943.

² Russian Socialist Federated Soviet Republic; the largest of the republics of the Soviet Union, occupying about nine-tenths of the Union territory, with two-thirds of its population.

³ The nominal foreign-exchange value of a ruble was 20 cents before 1940; its present value is not quoted.

⁴ *Pravda*, Moscow, February 28, 1944.

⁵ Farms conducted on a cooperative basis by groups of peasants who do the work, own the machinery jointly, and have the free use of the land, which belongs to the State.

⁶ *Izvestia*, February 5, 1944; *Pravda*, August 22 and November 8, 1943.

Those for the older children have a 4-year course, and are intended for 9,200 boys and girls 12 to 13 years of age; boys and girls are to be maintained in separate institutions: 9,000 children were admitted by January 1, 1944; in other institutions, intended for 18,050 boys and girls less than 13 years of age, 15,526 children were cared for as of January 1, 1944. (2) Receiving homes, with accommodations for 2,000 children. (3) Military schools, with a 7-year course, now accommodating 4,500 boys 10 to 13 years of age.

Specified Government agencies were ordered in August 1943 to provide food, furniture, bedding, medical care, and other necessities for these institutions. Provision was also made for the establishment of farms in connection with the institutions. These farms, in addition to supplying food, are to be used for training the children in farming and as their vacation places in summer. Supervision over the work of these institutions was assigned to specified agencies.

Special children's dining rooms have been established in all industrial cities; 50 such dining rooms were operating in the city of Moscow in March 1944.⁷ At the milk stations for young children over 200 million portions of milk were distributed in 1943. To assure proper vacations for children in the summer of 1944 the Council of the People's Commissars of the Soviet Union ordered⁸ that beginning June 1 at least 2,370,000 preschool and school children be placed in vacation camps in the country or in specially equipped playgrounds in cities. Preference in selection is to be given to soldiers' children. The public-health authorities were instructed to provide medical care for the children. To meet the cost of the vacations the Government contributed 164 million rubles. In addition, trade unions and other citizens' organizations have donated funds to pay the children's fare and other incidental expenses.

Efforts To Improve Medical Services for Soldiers' Families

With a view to improving the medical services for soldiers' families the Commissar of Public Health of the U. S. S. R. prescribed in February 1943 a series of measures to be taken by the health authorities of the republics and provinces. The authorities were to assure, through specially assigned officials, the proper quality of medical care and preventive treatment for soldiers' families and to arrange conferences on the improvement of these services. The

physicians in charge of child-health centers, children's clinics and similar agencies were to be ordered by their superiors to institute systematic supervision over the children's health, to send malnourished or ill children to appropriate institutions, and to assure proper health services to soldiers' families. A special official was appointed in the National Government to supervise the work of the local offices taking up complaints about unsatisfactory medical care for soldiers' families.⁹

In spite of wartime difficulties the Government has appointed additional pediatricians to the staffs of the child-health centers and children's clinics, and also, in compliance with a Government decree of November 3, 1942,¹⁰ "district pediatricians," who supervise and in other ways participate in the child-health services. The latter have been appointed in nearly every district of the R. S. F. S. R. The total number of pediatricians, all serving in Government agencies, has doubled since the war.¹¹ To this increase in medical personnel has been attributed the absence of epidemics during the present war and the reduction in the number of cases of infectious diseases; the cases of measles, for example, which increased in previous wars, were in 1943 one-third of their pre-war number.

Increased Appropriations for Child Welfare in 1944

A further expansion of the work for children is taking place in 1944 because of increased appropriations. For education, for example, the budget of the U. S. S. R. allows 21.1 billion rubles; of this amount 9.16 billion rubles are for the R. S. F. S. R., an increase over the previous year of 66 percent and 55 percent respectively. This increase is intended to meet the cost of rebuilding schools in the areas freed from the Germans and to provide instruction for the children 7 years of age who are to start school for the first time in September 1944. In the R. S. F. S. R. alone the number of these children is estimated at more than 2 million.

The education budget also includes appropriations for kindergartens and children's institutions. For the kindergartens in the U. S. S. R. 1.7 billion rubles is provided, an increase of 64 per cent over 1943; of this amount 573 million rubles is for the R. S. F. S. R. The number of children in the kindergartens is expected to reach 1,762,000 and 1,200,000 respectively.

Increasing numbers of institutions for orphans are being established in Soviet Russia.

⁷ *Izvestia*, March 9, 1944.

⁸ *Izvestia*, May 14 and 18, 1944.

⁹ *Sbornik Prikazov i Instruktsii Narkomzdrava SSSR*, Medgiz, Moscow, 1943.

¹⁰ *Pediatratria*, Moscow, No. 1, 1943.

¹¹ *Pravda*, February 28, 1944.

For 1944 the budget of the U. S. S. R. carries 1.7 billion rubles for that purpose, an increase of almost 100 percent; 1.2 billion of this amount is for the R. S. F. S. R., where by the end of 1944, 385,000 children are expected to receive institutional care.

For public health, including clinics and hospitals for mothers and children and day nurseries, the budget for 1944 allows 10.4 billion rubles in the U. S. S. R., of which 6.7 billion

rubles is for the R. S. F. S. R.; the increase is 24 percent and 14 percent respectively.

For social welfare, which includes allowances and pensions for soldiers' families, 15.4 billion rubles is allowed for the U. S. S. R., and 489 million rubles for the R. S. F. S. R., an increase of 24 percent and 35 percent respectively.¹²

¹² *Izvestia*, January 30, February 18 and March 2, 1944.

"Secours Quaker" in France

The United States Government has given permission for the American Friends Service Committee to purchase a limited amount of food in Portugal and Switzerland for children in France. The food is to be distributed by Secours Quaker, the relief agency administered by French Friends, under the supervision of the International Red Cross. The purchases, amounting to \$25,000 in Portugal and \$100,000 in Switzerland, are expected to include milk, cereals, dried fruits and vegetables, oil, and fish.

The feeding program of Secours Quaker in Marseilles, as described in a report written in

January 1944, includes distribution of canned milk, cereals, and prepared baby foods through 60 baby clinics; distribution of rice, dried beans, and canned milk through anti-tuberculosis dispensaries and social centers; supplementary food for children in families in temporary need; and supplementary food (crackers and jam with "1 drop of vitamin A and D") 3 times a week for 4,000 school children who have lost weight or failed to gain weight.

Bulletin on Relief in France, May 1, 1944. (American Friends Service Committee, 20 South Twelfth Street, Philadelphia, Pa.)

BOOK NOTES

THE WAR AND MENTAL HEALTH IN ENGLAND, by James M. Mackintosh. M. D. Commonwealth Fund, New York, 1944. 91 pp. 85 cents.

Dr. Mackintosh, who is professor of preventive medicine at the University of Glasgow, summarizes the impact of successive phases of the war upon the new soldier, the industrial worker, the housewife, the child, the hospital patient, and the student in terms of emotional response and adjustment to defense and mobilization. Taking up mobilization for peace, he traces the development of voluntary organizations for mental health and points out the need for professional education in mental health. "The psychiatric social worker," he says, "cooperates not only with the public-health nurse but with the social case worker, and in

this field also the basic problem is one of training, for with the development of an immense social-security program in Great Britain, the existing facilities for training will have to be reviewed. The immediate problem will be to provide efficient short courses of training for a multitude of men and women who have hitherto been employed in various branches of welfare work, such as public assistance and insurance." Urging that education be the central feature of a post-war program for mental health, the author goes on to say: "It is only through systematic health education, beginning with the expectant mother and carried on with unflinching continuity from infancy to adolescence in the child, that one can hope to create a generation of healthy people."

• GENERAL CHILD WELFARE •

Children's Bureau Publications

OUR CONCERN—EVERY CHILD: State and community planning for wartime and post-war security of children, by Emma O. Lundberg, Children's Bureau Publication 303, U. S. Department of Labor, Washington, 1944. 84 pp.

The importance of a unified approach to problems of child welfare is stressed throughout this bulletin. Concern for children, it is pointed out, cannot be divided into three parts—pre-war, wartime, and post-war—on a time basis. Nor can it be divided into health, education, and social welfare on a functional basis without endangering the underlying interests of the child as a whole. Unified action in planning for children and safeguarding family life is considered equally important in planning Nation-wide, State-wide, and local programs. This philosophy was recognized by the White House Conference on Children in a Democracy, and the range of subject matter dealt with in this bulletin corresponds closely with that covered by the White House Conference reports.

In addition to material on the welfare of children in peace and in war and on post-war objectives, which have already appeared in *The Child* (June and July 1943), the bulletin contains sections on State and community planning for the welfare of children and on making the program known to the general public, and detailed outlines for review of conditions and services in the State and in the community. These outlines comprise nearly two-thirds of the report and cover the various aspects of a unified program for children—health conservation, education, library service, facilities for recreation, child labor and youth employment, social services for children, economic aid to families, families and their dwellings, children in migrant families, and children in minority groups. An outline of special wartime needs and services and a suggested inventory of community resources are included.

COMMUNITY HEALTH AND WELFARE EXPENDITURES IN WARTIME. Children's Bureau Publication 302, U. S. Department of Labor, Washington, 1944. 70 pp.

To show the effect of the war on community expenditures for health and welfare services is the purpose of this report, prepared by the Division of Statistical Research. It is based on statistics from 30 urban areas cooperating with the Children's Bureau in the social-statistics project.

Total expenditures for health and welfare services were less by one-fifth in 1942 than in 1940 in the areas covered by the study. This decrease occurred in spite of an increase in four of the five fields covered—health services, 20 percent; group-work and leisure-time activities, 18 percent; child-welfare services, 9 percent; and planning, financing, and coordinating services, 8 percent. In the largest field—relief and family welfare—expenditures dropped nearly 40 percent, and this enormous drop (from \$369,000,000 in 1940 to \$221,000,000 in 1942) was responsible for the decrease in total expenditures. Increased employment and increased incomes resulting from wartime labor demands doubtless accounted for the large reductions in relief and family-welfare expenditures reported by almost every area.

The proportion of public funds in expenditures in each of the major fields of service was less in 1942 than in 1940. Federal funds dropped from 36 to 24 percent of the total. The most notable increase in source of funds was in income from persons receiving service, which constituted almost twice as great a proportion of total expenditures as in 1940.

Individual areas showed wide variations from this general pattern. In connection with the analysis of expenditures in each field of service, percentage changes in expenditures by area are shown graphically, and one section discusses local factors influencing changes in expenditure. Appendix tables give the health and welfare expenditures of each of the 30 areas in detail.

Single copies of this report can be obtained from the Children's Bureau on request.

EMERGENCY MATERNITY AND INFANT CARE. Folder 29. 8 pp. 1944.

IF YOUR BABY MUST TRAVEL IN WARTIME. Children in Wartime No. 6. Bureau Publication 307. 24 pp. 1944.

MAINTAINING WELL-BABY CLINICS IN EVERY COMMUNITY. Folder 31. 4 pp. 1944.

Go-To-School Drive Organized

To get boys and girls of high-school age, especially those working during the summer, to enroll in high school at the beginning of the fall term is the aim of a go-to-school drive announced by the Children's Bureau, the Office of Education, and the War Manpower Commission, in which the Office of War Information is cooperating. Schools, parent-teacher associations, and various public and private agencies are joining in the drive.

Enrollment for a well-balanced program of school and supervised work is considered as an acceptable alternative for enrollment in a regular full-time course, where personal or labor-market situations make this advisable.

Suggestions for activities by community committees promoting go-to-school campaigns are available from the Children's Bureau.

Summer Institute

The University of Washington Graduate School of Social Work, as part of its summer sessions planned to meet the accelerated demand for trained social workers in wartime, will offer an intensive summer institute (July 27 to August 2). The institute includes two courses: Understanding human behavior and its motivation (given in collaboration with the school of nursing education) and psychiatry in case work.

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UNITED STATES
DEPARTMENT OF LABOR
CHILDREN'S BUREAU

IN THE HIGH-SCHOOL LABORATORY
National Go-to-School Drive

Photograph by Office of War Information



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The Children's Bureau does not necessarily assume responsibility for the statements or opinions of contributors not connected with the Bureau.

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**UNITED STATES
DEPARTMENT OF LABOR**

FRANCES PERKINS, SECRETARY



CHILDREN'S BUREAU

KATHARINE F. LENROOT, CHIEF

• NATIONAL GO-TO-SCHOOL DRIVE •

High-school enrollment has dropped seriously since the start of war. It is threatened with still further declines. Employment of boys and girls has soared. To rally young people of high-school age back into school, citizens throughout the Nation are urged to join in a National Go-to-School drive.

Launching this national campaign, which has the endorsement of the War Manpower Commission and the cooperation of the Office of War Information,

are the Children's Bureau and the U. S. Office of Education.

Both agencies are calling upon parents, teachers, employers, civic leaders, and young people themselves—both in national organizations and in community groups—to mobilize for action now. To help communities shape up their campaigns, a handbook of facts and appeals has been prepared. For your copy, write to the Children's Bureau.

A MESSAGE FROM THE CHIEF OF THE CHILDREN'S BUREAU

Youth! That pay envelope looks pretty good, doesn't it? But when you have spent the money, it's gone. Education is something you cannot spend or lose, something no one can ever take away from you. Without it, you can perhaps make a living; with it, you can make living worth while. Go to school!

Parents! Of course you are proud of your children for the work they have done this summer and the money they have earned. But *you* remember the years, not so long ago, when there were a hundred people looking for every job and youngsters who hadn't finished high school couldn't even get a chance to work as learners. And you realize, as few children can, how education broadens a person's interests and develops his ability to deal with life's difficulties and emergencies. So we are counting on you to see that when the teacher calls the roll this fall, your children answer "Present!"

Teachers! If boys and girls of legal working age continue in school it is because they choose school instead of work. You can help them make this choice by showing them that school "makes sense." You can show them that the world of science is full of excitement, that the world of thought is full of thrills, and that the solid satisfaction of achievement comes with learning as well as with earning. Keep them in school!

Employers! If you have boys and girls of high-school age working for you, tell them frankly about their chances for advancement when the war is over. Will more education be a help to them? Perhaps you can suggest courses that would be an asset to young people starting in with your firm. Perhaps you can cooperate with the schools in a program of school and work combined for youth whose work is really needed. But send them back to school!

KATHARINE F. LENROOT,
Chief, Children's Bureau

FACTS ABOUT THE GO-TO-SCHOOL DRIVE

- Q. How many more young workers 14 through 17 years of age are there than there were before the war?
- A. In April 1940, according to the decennial census, there were about 900,000; in the summer of 1943, about 5,000,000; in April 1944, nearly 3,000,000; in the summer of 1944, probably more than 5,000,000.
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- Q. How much have enrollments in high schools fallen off?
- A. The enrollment in public and private high schools together has fallen 14 percent—from a peak of 7,244,312 in 1940-41 to 6,216,119 in 1943-44.
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- Q. But isn't much of this decrease due to the fact that the total population in this age group has been declining since 1940?
- A. Not more than one-fourth of the drop in high-school enrollments is due to the decrease in the population of high-school age.
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- Q. What is the aim of the drive?
- A. The aim is to see that boys and girls who have been holding vacation jobs return to school this fall, especially if they have not completed high school.
-
- Q. But suppose it is really necessary for them to work?
- A. For those who must work, it is usually possible to plan a well-balanced program combining supervised employment with a modified school course.
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- Q. How can national organizations concerned with youth and education help in the drive?
- A. National organizations can announce the drive, get the cooperation of their local groups and affiliated organizations, help local groups plan programs, and call for reports on local campaigns.
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- Q. What kinds of programs are suggested for local groups?
- A. Local groups can schedule go-to-school talks at regular meetings, arrange for group discussions with young people, give dramatic skits, put up posters, prepare radio programs, and ask local papers to carry news stories.
-
- Q. For what date should local campaigns be planned?
- A. Local campaigns should be started well before the opening of school and be featured on Labor Day.

• YOUNG WORKERS IN WARTIME •

Work Accidents to Minors in Michigan

Compensable injuries to minors under 18 years of age in Michigan increased from 357 in 1942 to 1,000 in 1943—an increase of 180 percent—according to reports received by the Michigan Department of Labor and published in its monthly review entitled, "Michigan Labor and Industry" for March and April 1944 (Vol. V, Nos. 3 and 4).

Not all the accidents to minors in the State are represented by these totals, for the figures are based only on injuries reported as compensable under the State workmen's compensation law.

This means that the tabulations exclude minors injured in employment outside the scope and coverage of the compensation law, those whose disability was not serious and did not last beyond the legal "waiting period" of 7 days, and those whose injuries were deemed noncompensable for any other reason at the time they were reported.

The increase in injuries from 1942 to 1943 is probably due in part to the general expansion in Michigan in the employment of minors under 18 years of age, and in part to the fact that more

minors were being hired for occupations in which accidents are likely to occur, especially among workers that are young and inexperienced.

That many more minors under 18 years were employed in Michigan in 1943 than in 1942 is evidenced by the increase in the number of first regular work permits issued to minors. These figures, which are published along with the industrial-injury statistics, show that first regular work permits increased from 44,883 in 1942 to 81,943 in 1943, a rise of 83 percent.

In using these two sets of figures it should, of course, be borne in mind that the figures on industrial injuries, from a statistical standpoint, are not strictly comparable with the figures on work permits. The statistics on first regular work permits represent only minors who were legally employed, while the industrial-injury statistics undoubtedly include both legally and illegally employed minors.¹ Moreover, the work-permit figures, based as they are on the number of "first regular" work permits issued during each of the 2 years compared, do not represent all the minors of permit age who were working under permits. They include only minors who obtained their first permit for regular work during the given year and exclude those who had vacation permits only and those who had obtained their "first regular" work permit in an earlier year.

The figures regarding the occupations for which injuries to minors were reported in 1942 and 1943 are worth special study. Almost all of them show a rise in the number of injuries from 1942 to 1943. One outstanding increase is in "non-process" occupations in manufacturing, in which the number of injuries jumped from 21 in 1942 to 148 in 1943.

Judging from the increase in the number of injuries to minors in certain industries and occupations that are relatively hazardous, it would appear that more minors under 18 years were working on dangerous jobs in 1943 than in 1942. For example, foundry occupations reported no

injuries to minors in 1942, but 15 in 1943. Injuries in construction rose from 9 to 26; in production of paper and paper goods, from 1 to 17; in the fabrication of metal products, from 1 to 22; in other metal-working occupations, from 5 to 28; in machine-shop and related occupations, from 7 to 56. Warehousing, storekeeping, handling, loading, unloading, and related occupations reported 8 injuries in 1942 as against 47 in 1943. Among motor-vehicle chauffeurs and drivers 4 injuries were reported in 1942 and 18 in 1943. Injuries reported as occurring to "routemen" numbered 5 in 1942 and 17 in 1943.

Occupations that reported at least 20 injuries each for 1943 accounted for 779 of the 1943 total of 1,000 injuries to minors under 18 years. They are the following:

Total	779
"Nonprocess" occupations in manufacturing.....	148
Machine-shop and related occupations.....	56
Stock clerks	52
Other clerical and kindred occupations.....	48
Warehousing, storekeeping, handling, loading, unloading, and related occupations.....	47
Sales clerks and salespersons.....	45
Occupations in trades and services not elsewhere classified	44
Attendants at recreation and amusement places.....	38
Waiters and waitresses.....	36
Agriculture, forestry, and fishing.....	34
Kitchen workers	29
Metal-working occupations not elsewhere classified..	28
Service occupations not otherwise classified.....	27
Occupations in production of food products not otherwise classified	27
Construction	26
Production of lumber and lumber products.....	26
Processing dairy products.....	24
Production of bakery products.....	22
Fabrication of metal products.....	22

Of the occupations for which fewer than 20 injuries in 1943 were reported almost all reported a larger number than in 1942.

Statistical information on industrial injuries to minors is much needed. The Michigan Department of Labor and Industry is to be congratulated on its continued efforts to make such information available.

¹The Michigan workmen's compensation law includes in its coverage minors injured while illegally employed and provides double the normal compensation rate for them.

Educate and inform the whole mass of the people. Enable them to see that it is to their interest to preserve peace and order, and they will preserve them. They are the only sure reliance for the preservation of our Liberty.—*Thomas Jefferson.*

• SOCIAL SERVICES FOR CHILDREN •

Juvenile Courts, Detention, and Police

Their Relationships in Community Efforts To Deal With Juvenile Delinquency¹

By GENEVIEVE GABOWER

Consultant, Social Service Division, U. S. Children's Bureau

Juvenile courts are focal points of interest in relation to the ever-current subject of juvenile delinquency. I will consider here these courts, together with the closely related subjects of police departments and detention facilities, and their relationship with other community agencies. In visiting a number of communities and from the reports of others throughout the country, I have found that juvenile-court staffs are taking an active part in community efforts to deal with juvenile delinquency. In some places, there is little such activity because of the shortage and turnover in court staffs. The staff members on the job have more than they can do trying to take care of the daily emergencies. The courts that are particularly active vary as to their starting points, the methods they use, the stages of development reached, and the results achieved. But, in general, their activities fall into two major areas. The first is participation in community plans to develop the services and resources needed for a community-wide program of delinquency prevention and control. The second is improvement of the staffs and program of the courts themselves in order to render a better quality of service to the children and families who come to their attention.

Information Available to Court Staff Basic to Community Planning

In taking part in community activity for the purpose of developing needed resources and facilities to deal with juvenile delinquency, the court staff is acting in accordance with one of its responsibilities. Courts have access to knowledge regarding factors that contribute to delinquency and the lack of resources that are needed to deal with it. They gain this information through social study of individuals coming to their attention. The number of cases studied and the kinds of

problems they present give court staffs a wide variety of information. This information throws into bold relief lack of parental supervision, inflexible and inadequate school programs, lack of supervised leisure-time activities, and absence of spiritual guidance. In brief, it points up all the failures in family and community life that produce children's difficulties.

Court Staffs Cooperate With Individuals and Planning Groups

Court staffs are accepting the responsibility that possession of this information places upon them and are using it in their work with community groups. Information regarding the number of children coming to the court and the problems they present is being used both to show the extent of delinquency and to explain its meaning. Judges and probation officers are attempting also to arouse individuals and groups to action by indicating where they believe certain responsibilities fall. They are continually urging parents to supervise their children more closely, calling on schools to keep their buildings open after hours for supervised recreation, and asking various agencies and groups and also other public officials to take leadership in providing services, facilities, and resources. The methods that they use to reach individuals and groups include speeches at meetings and over the radio, discussion groups, and the giving of information to newspaper and magazine writers.

In addition, judges and probation officers themselves are taking an active part in efforts aimed toward action on specific projects, by heading up committees that make studies of juvenile delinquency. Some specific services have been obtained as a result of studies that showed the need for them. The employment of women in police departments and of child-welfare workers in county departments of public welfare are examples of this; so are the organization of teen-age

¹Paper given at a meeting of the National Probation Association, Cleveland, Ohio, May 22, 1944, under the title, "Community Action to Deal With Juvenile Delinquency."

centers and other projects related to the prevention and control of delinquency.

In working with various citizens, committees, and community groups, the court staffs have another special responsibility. This one grows out of their training for work with people and also out of their experience. It is a responsibility to pass on to other groups some of their knowledge regarding the reasons why people behave as they do and how they could use help in changing from unsatisfactory behavior. This kind of information is particularly needed when planning or legislation is being developed with the aim of preventing or controlling juvenile delinquency. One question that calls for this kind of understanding on the part of the community is—what is the kind and amount of responsibility that parents can be expected to take for their children?

Parents' Failures in Preventing Delinquency Not Sufficiently Understood

The behavior of parents is of greatest concern to some of those who are proposing schemes for the control of delinquency. Some simply state that parents, not children, are delinquent. Others are promoting new plans and legislation to regulate parental responsibility. Present provisions of law are clear: Parents are held responsible for their children to the extent of their ability to care for them. This interpretation is not questioned in the case of the parent who is physically ill and, as a result, unable to provide for and supervise his children. But where the reasons for his failure to do so are less easily understood, people are not so tolerant. This is particularly true in the case of a father who does not keep a job, in the case of the so-called "shiftless" one, and the one who "walks out on his family." That parent may be just as lacking in ability to care for and supervise his children as is the one who is physically ill, but because the reasons for his inability to do so are not understood, there is pressure for regulations that place still more responsibility on him and that provide a penalty for his failure. Those who would deal in this way with parents who fail to meet their responsibilities for these or other reasons are not applying to them the knowledge they use in dealing with juveniles. With the juveniles, they recognize that difficulties of some sort are causing the unacceptable behavior and want to help them to change. But they fail to recognize that parents may also have difficulties that cause them to shirk their responsibilities, and that they, also, may be in grave need of help. Trained and experienced members of the court staff can help community groups in their planning

by interpreting behavior of parents as well as of children. These groups need to be reminded that real progress in preventing or controlling juvenile delinquency results when the welfare of the child is stressed more than the punishment of the parent.

Increase in Number of Cases Requires Cooperation of Related Agencies

Court staffs in some areas have cooperated with other agencies in planning to take care of the increased number of cases. These plans have been directed especially toward the cases of girls who are sex delinquents. In caring for these girls, court staffs have cooperated with public and private agencies, with the police, and with medical authorities in providing social services at the time of arrest, in detention, and in the treatment centers.

One court had been operating for some time on the basis of a written agreement with agencies in the county that provide services to children. This agreement, in its introduction, sets forth the fundamental principles of interagency relationship and the broad scope of service each agency is equipped to provide. The aim of the agreement is to clarify interagency relations, to define practices of individual agencies, to integrate and coordinate all services to children in the county in order to avoid duplication, and to bring about a well-rounded and more effective child-welfare program. The court had found this agreement immensely useful in ordinary times and an added advantage when delinquency cases increased rapidly.

Exchange of Information With Other Agencies Improves Programs

As courts have worked more closely with other community agencies, they have exchanged information about kinds of problems coming to the attention of various agencies and the treatment indicated for them. This exchange has led the courts to reexamine their own programs to see how effective their present methods are and what might be done to improve them. Such reexaminations have resulted in emphasis on the need for more well-qualified staff members and in requests for intake supervisors and case supervisors. Intake supervisors are being especially stressed because of the swollen number of cases flowing into the courts that require immediate attention. The duties of intake officers are to analyze cases at the point where they are received to determine whether they belong in the court and, if not, to refer them to the appropriate agency, to deal with minor cases and, in those cases where investigation by the probation officer seems indicated, to supply accurate data upon which the officer may

begin his study. Where this procedure is used, the number of cases assigned to probation officers has been substantially reduced. This permits more intensive service to the cases they do handle.

Case Supervisors Needed To Improve Quality of Social Services

Case supervisors are being stressed in large courts in order that the social services involved in court work may be improved through placement of over-all responsibility with one person. There is increasing recognition that, regardless of the qualifications and experience of individual probation officers, so long as several are working in the same organization, a review of their work is needed by one person with over-all responsibility. Such supervision helps to insure uniformity in carrying out procedures and policies and to fulfill the purpose designated for the agency by the community. The duties of the supervisor are related to the responsibilities of the court for work within its own organization and for participation in community activities. Within the court, the supervisor helps probation officers to develop a deeper understanding of behavior problems and to improve their skills in dealing with such problems. In his relationships with other agencies, he uses his broad knowledge of problems coming to the attention of the court as a basis for developing plans whereby each agency may make its own contribution to their solution.

Court's Judicial Functions Distinguished From Social-Service Functions

In its work with individual cases, the court has a function that differs from those of all other agencies. Its function is to apply the law in cases that fall within its jurisdiction and in which a judicial decision is necessary. The judge, in carrying out this function, acts with interest in the welfare of the child rather than in his punishment. With this interest, he seeks services that will supply information enabling him to make the best decision possible, and also services to help the child to live within whatever limitations he may place on him, and to develop so that ultimately he can get along satisfactorily in the community without help from the court.

The relation of the social services to the judicial function is receiving more thought and attention than formerly. Social services, in cases under study or investigation, and in those placed on probation to the court, are performed in some areas by officers on the staff of the juvenile court and in others by child-welfare workers from the public

welfare department. In more situations of both kinds it is being found that careful distinction between the job of the judge and the probation officer or between that of the judge and the child-welfare worker brings about the best results. This distinction of functions between the judge and the probation officer is not always understood. The child, his parents, and other agencies in the community are easily confused by the proximity of the probation officer to the judge. They associate with the probation officer the authority to deprive persons of their personal liberty or to limit them in exercising it, whereas, under most laws, exercise of such authority belongs only to the judge. A similar problem arises in distinguishing between the job of the judge and that of the child-welfare worker in areas where a child-welfare worker is performing services that would be the duty of a probation officer if one were employed by the court. Further attention is needed to the clarification of these functions, also further study of the effect that lack of clarification between the function of the judge and the probation officer or the judge and the child-welfare worker has on the progress made in treatment of the child.

Lack of Suitable Detention Facilities a Widespread Problem

As groups in many different communities get together and examine their resources and study their problem of delinquency, they find one of the big problems is lack of detention services. A large number of requests for information to be used in connection with plans for improving detention care are received by the Children's Bureau. The sources of the requests represent a wide interest on the part of individuals and groups. Court staffs are particularly affected by this lack of suitable places of detention for juveniles because of the direct bearing on their work. This inadequacy has been aggravated as the number of children being detained has increased. In addition to the increased number of delinquent children being held, especially adolescent girls, more young (so-called dependent) children are being detained. Moreover, shortages of services and resources in the community are prolonging their stay.

Recently, the Children's Bureau attempted to secure information about the use of boarding homes for detention care through special inquiries and field-staff reports. The use of jails rather than boarding homes for detention purposes was specifically mentioned in 30 States. This widespread use of jail detention is significant in that the information represents only partial coverage and, insofar as it was received in answer to the special inquiries, was given incidentally to the

primary information sought. Conditions in jails have been vividly described by Richard W. Wickes in his article, "There Are Children in Jail," in the December 1943 issue of *Probation*. He tells of adults and children bunked together, filthy pallets and blankets, and diets of dry bread, boiled beans, and black coffee. The effects on children detained under such conditions are typified by excerpts from another jail study which read as follows: "Rosie said she cried and cried until every one thought she was crazy, but it hurt so because she was put in jail," and "Nellie told her mother that if she had to go back to jail, she'd commit suicide."

Improvements in Detention Conditions Attempted in Some States

Several replies to the inquiries made by the Children's Bureau indicated that in several States conditions were improving and the amount of jail detention was decreasing. Replies from several other States indicated concern on the part of law-enforcement officials and told of their efforts to avoid placing children in jail. For example, one sheriff, after arresting a 14-year-old boy who had taken a large sum of money, placed him in a private home while he drove 60 miles to enlist the help of the nearest child-welfare worker in planning so that the boy would not be sent to jail. Reports from several States describe the development in recent years of the use of family boarding homes for detention care of selected children in certain areas. Additional evidence of interest in the problem is the recent action taken by the National Sheriffs' Association. At its meeting in December 1943 it passed a resolution to inform the Nation's sheriffs about better methods of juvenile detention, and to urge every sheriff to advocate the use of separate detention facilities for juvenile delinquents.

Community Concern Brings About Emphasis Upon Better Detention Facilities

These examples show that as communities become aware of the extent to which children are placed in jail, they take steps toward remedying the situation. There have always been some children in jail, but few people realize this. Those who were informed about juvenile-court laws felt satisfied that provisions of those laws prohibiting the placement of children in jail had ended the practice. Today, people are learning that large numbers of children are held in jail under undesirable conditions for long periods of time. Public sentiment is slowly being aroused, and some communities are now ready to demand provision other than in jail for detention of children. Those of us who are connected with court work find

these demands another responsibility that we must help to meet.

Police Are Participating in Community Action To Deal With Delinquency

Police officers, like court personnel, are participating in community action to deal with juvenile delinquency. Their participation varies from community to community. The extent depends somewhat upon their own interest in the problem and also upon the recognition by community agencies and groups of the part police can take in dealing with children. The police are initiating activity themselves as well as being drawn into community-wide planning by other groups. Some examples are an officer of the State highway patrol who initiated a conference between his staff and child-welfare workers, a chief of police who serves as chairman of community coordinating councils, case conferences in which police officers, probation officers, child-welfare workers, and others participate. One outstanding example of participation of the police department with other community agencies that deal with children is the coordination center for community services to children operating in St. Paul. Police officers refer children to the center, where a qualified social worker reviews each case and refers it to the appropriate agency.

Manual Emphasizes Police Responsibility in Preventive Work

Acceptance by police officers of their part in solving the problem of juvenile delinquency is evidenced in a manual recently compiled by the National Advisory Police Committee on Social Protection of the Federal Security Agency. In the manual, police officers state that they have a responsibility in the prevention of juvenile delinquency and that they recognize their function in dealing with the problem as one distinct from that of all other agencies or groups. They state that their function is to enforce laws to control community conditions, to be alert to conditions that contribute to delinquency, to find children who are delinquent and those who are in danger of becoming delinquent, and to refer them to the appropriate agency. They see themselves not as an isolated group working with juveniles but as one of several community agencies that have a responsibility in the delinquency problem, and they outline their plan of work with all other community agencies that deal with juveniles.

Emphasis is also placed in this manual on the importance of the way in which police officers talk to children and act toward them. More and more attention is being paid throughout the country to the need for careful selection of officers

for work with juveniles. Qualifications have been drawn up and are being accepted in various parts of the country, particularly in relation to the employment of policewomen. Qualifications stress a knowledge and understanding of human behavior and a knowledge of how to use all other community resources.

In addition to stressing qualifications before appointment, training classes are being developed for police officers already on the job. Regular police training schools are extending their courses to include lectures on work with juveniles. Other courses are growing out of planning between police departments and universities. In some areas, such courses have been operating for some time; in other areas, they are recent developments. In addition to training on the job, some colleges offer training to prepare persons for police work. At least one State college is offering a full 4-year

course plus 1 year of graduate training in police administration. Training for juvenile work is included in these courses.

As courts, police, and other community agencies work together in developing community projects and in planning for individual cases, they become better acquainted with one another. Each learns that the other agencies operate in accordance with the purpose and responsibilities placed upon them by the community. And they learn that each carries out its purpose in accordance with the methods in which its employees are trained and become experienced. As a result of working together, each agency sees itself in relation to the others with a clearer perspective. Each sees that in order to prevent or control juvenile delinquency, all must make full use of the skills and abilities that are theirs, and that, in a broad sense, the objectives of all are similar.

A limited supply of reprints of this article will be available from the Children's Bureau, Washington 25, D. C.

BOOK NOTES

DAY NURSERY CARE AS A SOCIAL SERVICE; a discussion of current viewpoints with case material. Pennsylvania School of Social Work, 2419 Pine Street, Philadelphia 3, 1943. 85 pp. 60 cents.

In this collection of six articles by graduates of the Pennsylvania School of Social Work, written out of their current experience in nursery care, the writers emphasize that the social worker, the teacher, and the nurse are essential in nursery care and that if one functions to the exclusion of the other, the child suffers. The place of the social worker in the nursery is clearly drawn. Case illustrations demonstrate the way in which help is given to the child and the parents with problems arising out of separation and the mother's need to work.

This pamphlet comes at a time when there is unusual need for consideration of services essential in providing care for children whose mothers are working. It should be read by workers in the fields of social work, education, and health, taking part in day care for children.

FAMILY BUDGET COUNSELING, edited by Dorothy L. Book. Family Welfare Association of America, 122 East Twenty-second Street, New York, 1944. 92 pp. 65 cents.

This pamphlet is the result of the work done by a committee and subcommittee. The purpose of the pamphlet is to help the case worker become familiar with the variety of economic problems confronting families and to help her in meeting such problems. The material has value in any period, but it is particularly pertinent in wartime, when there are shortages of materials and when many families need advice in regard to the wise expenditure of their funds. Chapter headings include: Family income in wartime; Psychological meaning of money; Planning the budget; Basic budget items; Savings, resources, and credit; Case-work processes; Interrelationships; Bibliography.

THE BOY SEX OFFENDER AND HIS LATER CAREER, by Lewis J. Doshay, M.D., Ph.D. Grune & Stratton, New York, 1943. 248 pp. \$3.50.

The significance of early sex offenses by boys in relation to behavior in later life is studied in this report, which is based upon the cases of 256 boy sex offenders studied and treated at the New York City Children's Court clinics. These comprised all the sex cases among boys (exclusive of the feeble-minded) that appeared in the juvenile-court clinics of all the boroughs of New York City during a period of 6 years.

Follow-up of these cases indicates that a boy sex offender who is given the benefit of court-clinic treatment does not commit sex offenses in later life, and few if any general offenses; this holds true, however, only for boys who are not known to be involved in offensive behavior other than sexual.

The success of the court and the clinic, says the author, does not arise from the direct influence of these agencies, but rather from the circumstance that they provoke into action internal forces of shame and guilt, which resist a return to sexual offenses. These forces, he says, are different from the dominant forces operating in general delinquency, which are internal hate and external fear, defiance, or anxiety for self-defense.

The study showed that prepubescent boys responded more effectively to court-rehabilitation programs than did those brought to court after puberty. The author finds the home rather than the neighborhood the environmental factor most significant in delinquency; and he draws from his study the axiomatic conclusion that no trait, or combination of traits, operates as a specific cause of juvenile sexual delinquency.

SAFEGUARDING THE HEALTH OF MOTHERS AND CHILDREN

Mental Hygiene in the Child-Health Conference¹

BY MARTHA W. MACDONALD, M.D.

Psychiatric Services Adviser, U. S. Children's Bureau

The well-baby clinic or child-health conference is meant to provide health supervision for the infant and preschool child. The quality of service in any individual clinic will depend, of course, upon several factors, but one of the most important ones will be the clinic staff's concept of what is included in health supervision. This may vary from a mere immunization program to a complete advisory service on all phases of care, including nutrition and child development—not only physical development, but intellectual and emotional as well.

The pediatrician appreciates phases of a child's growth other than so many inches and pounds of bony and muscular structure. He knows that a mother and a child must make many compromises in behavior during the whole process of socializing the child. These compromises are most important for the child and involve much more than appears on the surface—much more than merely adjusting schedules and instituting habit patterns. The psychiatrist and the psychiatrically oriented internist agree that the intellectual and emotional aspects of child care and training are medically important and require just as much supervision and advisory service as the physical aspects.

Child-Guidance Service Often Misunderstood by Both Lay and Professional People

It is most unfortunate that both lay and professional people too often think of child guidance as a service for the child who has been misguided and needs some type of redirection. It is true that the bulk of the work done by child-guidance clinics is devoted to children who have personality or behavior difficulties, but as a rule these difficulties could have been avoided if the mother had been better able to understand her child—and herself—during the early weeks and months of the child's life.

The doctor or the nurse in a well-child confer-

ence should discuss with the mother her problems about her child's care and should take advantage of the opportunity the clinic offers to study not only the baby, but the mother. Is the mother one who can be flexible in her use of a schedule, or is she a rigid, overanxious mother who makes a fetish of a schedule and expects her child to behave like an automaton? Will she be spontaneous and natural, or will she be lacking in intuitive ability to know what her child needs? In other words, is she able to use her primitive instinct of mother love, or has it been so repressed that mothering a baby does not come naturally to her? A mother who has a neurotic attitude toward her baby needs all the help she can get in the way of reassurance and simplification of her duties during the first days and weeks of the child's life.

Refusal to Eat May Develop Into a Complex Problem

Let us take some frequent complaints by mothers, which are also well known to pediatricians and child psychiatrists; for example, refusal to eat. General practitioners, public-health nurses, nutritionists, as well as mothers, recognize the significance of this in terms of physical health. These professional workers appreciate also the psychological aspects of the problem insofar as the mother's anxiety has produced it. But how much do any of these appreciate what refusal to eat, if stubbornly persisted in, tells about the child's personality development, his physical conditioning to food, and his future healthy gastrointestinal functioning? There are many degrees of complexity in this problem, many of them stemming out of the mother's simple misunderstanding, others out of deep-seated neurotic anxieties on her part.

Good feeding experience in infancy is a basis for emotional security and the mother who achieves this for her baby is giving him a favorable start toward a healthy and happy life. Of course, the child will need many other things in the way of care and training, but from the stand-

¹Paper given at the 1944 annual meetings of State public health associations, held in cooperation with the American Public Health Association, in Iowa, Minnesota, North Dakota, and Montana.

point of physiology as it relates to personality development and integration, good feeding experience is paramount.

Weaning Is an Important Experience in Emotional Adjustment

In helping a mother to give her baby a good feeding experience, the importance of weaning must be kept in mind by the members of the staff of the well-child conference. Do they realize that weaning is the first great frustration that all children must meet? And do they realize that how a child is helped in adjusting to this experience may affect his ability to cope with the many frustrations that will come during the rest of his life? Do they help the mother to understand that weaning should not take place at the same time as other frustrations and changes? Do they know that the beginning of emotional problems for many children can be traced to difficult weaning?

Coercive toilet training is another type of frustration to the child, the significance of which may not be recognized by either the mother or the busy general practitioner. A physician once said to me when I asked him what he advised mothers to do regarding the toilet training of their infants: "It is rare that a mother asks me about that. If she does, I tell her to use her own judgment. Usually she talks it over with her mother or her friends and decides herself when such training is indicated." In other words this doctor was saying: "It's immaterial when a mother trains her child to be clean or how she trains him. It has no bearing on the child's physical health and is no responsibility of mine." Psychiatrists heartily disagree with this attitude, for they believe that the time and the way in which a child is taught to be responsible for cleanliness are very important—not only from the standpoint of personality development but from the standpoint of psychosomatic functioning.

Enuresis May Be a Symptom of Emotional Stress

A common complaint, disturbing to mothers and uncomfortable for children, is enuresis. This symptom should warn us that all may not be well in the emotional growing up of the child. Child psychiatrists in England believe that the high incidence of enuresis among evacuated children was a bodily reaction to loss of love, to separation from home and mother.

As for temper tantrums—a child's natural response in early childhood to frustration—is the new mother who brings her child to the conference cautioned about the cause of these and about ways of preventing and of treating them? The

child's attitude toward other people and his techniques for getting along with them are being formed during this early period. Are parents advised in the well-child conference how they can avoid situations that unnecessarily provoke a child's hostility, without permitting him to gain dominance over the entire household?

A Child Who Had Not Been "Spoiled"

Some years ago I was asked to see a physician's small son, 14 months of age, a sturdy, well-developed little chap, who was having breath-holding spells with loss of consciousness. Inquiring into the details surrounding the onset of these spells, I found that they occurred daily when he was placed upon the toilet and that they had started about 2 weeks before, when the mother returned from the hospital with a new baby. The child was strapped in his little seat and was left alone, whereupon he would scream until he became unconscious.

The child's mother, a graduate nurse, had trained this little boy to be clean very early. As she said, she had "cared for him according to the letter." She "had not spoiled him by nursing him a lot, or playing with him." He always had his bottle in bed. She had known that she would soon be busy with the second baby, and this little fellow would have to learn to amuse himself and be self-reliant.

This well-fed but underloved baby had accepted premature, coercive toilet training, probably because toilet time was the one time during the day when his mother stayed with him and talked to him. Now, with a new baby, she did not even have this much time to give him. Is it any wonder that he objected in this lusty fashion? Interestingly enough, the father thought that his son had inherited his temper. He said: "I had a vile temper myself as a kid—it was the hardest lesson of my life to learn to control my temper."

Here was a father—a medical man—seeing temper purely on the basis of inheritance and not seeing the role that is played by human relationships and by frustration of the normal needs of infancy. Here were two parents who knew what babies need in the way of calories, vitamins, sunshine, and immunization. But they did not know that their child needed a great deal more in the way of spontaneous mother love—of cuddling—and that he needed freedom from restrictions that had been imposed before he could understand what was expected of him and before his neuromuscular mechanism was mature enough to control his sphincters. These parents did not want to believe, either, that a 14-month-old baby could experience any loss when a new baby arrived in the family. The knowledge these parents lacked was knowledge about human emotion, about the biological and social foundations of emotion.

Supposing both these parents were responsible for advising mothers on the care of small babies, is it not possible that in suggesting such well-intended practices as were carried out with their own child they might actually be creating many so-called child-guidance problems?

Acceptance of Adult Role Depends Upon Early Experiences

As adults, acceptance of our roles as mothers and fathers, as husbands and wives, as men and women, depends upon many subtle childhood experiences with sex curiosity and upon our parents' reaction to our primitive, unsocialized behavior. Personally I believe it is the responsibility of the

physician to immunize the mother to the shocks she will experience when she discovers such behavior in her small child. She needs to know that this is natural curiosity, which the child will control in time, through imitation of adult standards, without the need of being punished, scolded, or shamed. She needs to know that *what* she tells her child when he asks embarrassing questions is much less important than *how* she tells him. Her emotional poise should show that she casually accepts the fitness of the questions, and that she is not shocked and shamed. She needs, too, to be reassured that young children actually want to know much less about sex than she anticipates. Some mothers think that their children are actually more sophisticated than their questions indicate. This mistake is illustrated by the mother whose little daughter ran in from playing one day to demand, "Mother, where did I come from?" The mother thereupon gave a long account of how the child had come into being. After being subjected to this tedious recital, the child shook her head in confusion and said, "Isn't that funny—Mary and I had an argument—she came from Philadelphia and I said I did too and you could prove it!"

Parents May Need Instruction in the Importance of Play

Another important part of a child's life experience is his play. His parents, burdened with a work-a-day world, may underestimate the value of play and may not know what the child needs with regard to opportunities for play, the space that he needs, and the kinds of material that should be available. Here is another chance for child-health-conference workers to instruct the parents in an often-neglected aspect of child development.

In the various child-development problems that I have mentioned, the staff of a well-child conference is in a position to apply really effective mental hygiene in two ways: First, by anticipating certain types of mistakes, and, secondly, by observing minor symptoms of faulty development early enough to help prevent undesirable patterns of reaction from becoming set.

Preventive Techniques Needed Early in Child's Life

The longer a pattern of behavior, thinking, or feeling exists, the harder it is to change. For this reason child psychiatrists more and more are striving to institute preventive techniques at the earliest possible age.

An example of efforts to use preventive techniques early in the child's life is the New Haven Hospital's plan for having pediatric-nursery interns make follow-up visits in the homes of under-

privileged newborn infants, as described by Dr. Edith Jackson of the Yale University School of Medicine at a meeting of the American Orthopedic Association, in February 1944.² This plan grew out of concern over the many infants admitted to the hospital with severe feeding difficulties and related behavior problems, which indicated need for improvement in the professional supervision and guidance of mothers in their relation to their infants—improvement in the earliest phases of this relation. It was found that in addition to giving this group of mothers much-needed help, the home visits have given the interns experience that has stimulated their awareness of the influence of environmental and psychological factors on the behavior of infants and children and of the value of flexibility and individuality in treatment and recommendations.

Mothers Interviewed to Discover Incipient Problems

In an effort to find out what types of incipient problems would be brought to light through reports by mothers—types of problems that would show need for help for the mother in developing a healthy attitude toward her child and good methods of caring for him—Dr. Mabel Huschka, a child psychiatrist at New York Hospital, interviewed the mothers of 57 infants. These infants, ranging in age from 3 to 40 weeks, had been brought by their mothers to the well-baby clinic of the hospital's pediatric out-patient department.³ None of these mothers had been referred to the psychiatrist—none had asked to see a psychiatrist.

Emotional Reactions of Mother a Possible Handicap to Personality

Twenty-six of the mothers showed attitudes or emotional reactions that could be considered a present or future handicap to the child from the point of view of healthy personality development. Only 21 of the mothers impressed the psychiatrist as well-adjusted mothers, happy, realistic, and without anxiety in regard to their babies. For the most part, these anxieties or attitudes were such that the mothers could profit from discussion of their complaints or worries about their babies. The reasons for anxiety were as follows: Twenty of the babies cried excessively, 7 scratched themselves excessively (the hands of 5 of these were being restrained because the mother was afraid to cut the child's nails lest she cut his fingers), 20 sucked their thumbs, 5 showed disturbance in sleeping, and 9 had constipation to a degree that worried their mothers.

²Paper not yet published.

³Huschka, Mabel, M.D., and William K. McKnight, M.D.: Psychiatric Observations in a Well-Baby Clinic. *Psychosomatic Medicine*, Vol. 5, No. 1 (January 1943), pp. 42-50.

On routine inquiry regarding toilet habits, it was found that in 5 of the infants, training had been started before 12 weeks, in 3, at 8 weeks, and in 1, at 4 weeks. One mother had been advised by her nurse in the obstetric service to begin training the child the first day she was out of the hospital, and she left the hospital when the baby was 9 days old!

Temporary Conditioning the Result of Too Early Training

When the average mother is advised by a nurse to carry out such procedures she will attempt to follow the instructions, believing she is both establishing good habits and saving herself much work. The mother does not realize that she is jeopardizing her baby's healthful personality development, nor does she realize that what seems to be a real habit of cleanliness is really only temporary conditioning, which in all likelihood will disappear when the child is 2 or 3 years old, a time when he can make much more trouble by uncleanness than he possibly could as an infant.

Although the well-child conference obviously does not attempt to care for the sick child it can teach the mother a great deal about adequate care for him when he becomes ill. Another thing the conference can do is to set a desirable pattern for the child's future acceptance of doctors and nurses and health examinations.

Child's Fear of Doctors Deprived Him of Needed Care

A boy of 5, with an acute ear infection, showed such fear of doctors that his mother, a widow, was ashamed to take him to the clinic, and he did not receive adequate medical treatment. His ear continued to drain, but it was not painful, and the mother did not insist upon further treatment.

Years later, in high school, he was a lonely boy. He was, on paper, a brilliant student but was considered queer and stupid by his classmates, none of whom realized that he was practically deaf. Sensitive about his deafness, he covered it by pretending to hear when he did not.

After graduation, someone, in an effort to help him get a job, advised him to consult an ear specialist to see whether his hearing could possibly be improved. He finally went to a specialist and was given an unfavorable prognosis. A few days afterward he committed suicide.

This boy's inability to meet life's problems had been fostered by his mother's inability to steel herself to do something that was painful for her. If a doctor, a public-health nurse, or a medical-social worker had been aware of how she felt, some one of them might have helped her get for her boy the medical care he needed when he was a child.

This family had never come to the attention of any social agency. The mother had needed the services of such an agency for years—during the depression, and after her husband's death. But she was not the kind of person to ask spontaneously for help; she was the kind

who waited—waited—for someone to sense her fear and pride. If this mother had been able to find security and reassurance in some professional relationship, it is possible that this story might have had a different ending.

When difficult emotional problems of children appear, the staff of a well-child conference should avail themselves of the consultation service of a child psychiatrist, or if one is not available, of a psychiatric social worker. A clinical psychologist with training and experience in child development may contribute additional insight into the intellectual development of the child. When medical-social problems are present a medical-social worker should be consulted.

Staff of Conference Should Know Community Facilities

The staff of a well-child conference should be familiar with community facilities, such as social agencies, and should know how each type of service can be obtained. Referrals of this type are just as much the responsibility of conference staff as referral of the physically sick child to the physician.

In these remarks I have intended to stress the fact that not only patterns of behavior, but also patterns of physical functioning, are laid down in the very early months of life and that these patterns can be conditioned, depending upon the mother's knowledge of her child's needs and her ability to meet them.

The staff of the well-child conference has the opportunity and, I should like to say, the responsibility, of applying true preventive techniques in the field of mental hygiene. These techniques need not be so complicated as one might think. The principle upon which they rest is an extremely simple one—not only that "Babies Are Human Beings," as Dr. Aldrich has said, but that mothers too are human beings.

Staff members of well-child conferences who are interested in knowing more of the emotional development of infants and young children may find the following publications useful: *Babies Are Human Beings*, by C. Anderson Aldrich, M.D., and Mary M. Aldrich (Macmillan Co., New York, 1938, 128 pp.); *Child Care and Training*, by Marion L. Faegre and John E. Anderson (University of Minnesota Press, Minneapolis, Fourth edition, 1937, 327 pp.); *Infants Without Families*, by Anna Freud and Dorothy T. Burlingham (International University Press, New York, 1944, 128 pp.); *The Parents' Manual—A Guide to the Emotional Development of Young Children*, by Anna W. M. Wolf (Simon and Schuster, New York, 1941, 332 pp.); *The Psychological Aspects of Pediatric Practice*, by Benjamin Spock, M.D., and Mabel Hushka, M.D. (reprinted by the New York State Committee on Mental Hygiene from the Practitioners Library of Medicine and Surgery, Vol. 13, pp. 757-808, New York, 1938); *War and Children*, by Anna Freud and Dorothy T. Burlingham (Medical War Books, New York, 1943, 191 pp.).

New Mental-Health Program in the Children's Bureau

As a step toward meeting the mental-health needs of children on a broad and comprehensive basis, a new mental-health program has been established in the Children's Bureau, to begin September 1, 1944. With the absence from home of thousands of men and women in the military service, with the migration of millions to war industrial centers, and with the increased mobility of the population in general, family life has been disturbed and broken up, and children are losing the security and stability that a strong family unit gives. The Bureau finds it of the greatest importance to give attention to the mental and emotional problems of children at this time and is mobilizing its resources to meet the growing need for a program dealing with such problems, which become more evident as the strain of war increases.

The new program will encourage the incorporation of sound projects of mental health as an integral part of the general child-health and child-welfare programs and the development of adequate treatment resources for children who are emotionally disturbed, maladjusted, psychotic, or mentally deficient.

The broad outlines of the program will be

planned by a committee, of which the chairman is the Chief of the Bureau. The members of the Children's Bureau staff assigned to the mental-health work will be Dr. Martha W. MacDonald, psychiatric services adviser; Elsa Castendyck, consultant in social service; and Sybil Stone, psychologist.

Day Care of Children Under Two Discussed

A group of authorities in the fields of child health, child development, and child welfare met at the Children's Bureau on July 10, 1944, for the purpose of discussing the care of children under 2 years of age whose mothers work. The conference brought together the viewpoints of pediatricians, psychiatrists, psychologists, social workers, and public-health nurses on the needs of infants and young children that should be considered in working out the problems arising from the war situation.

The conference asked the Chief of the Children's Bureau to appoint a continuing committee to review the various questions involved and make recommendations as to methods by which the needs of children under 2 years whose mothers are employed can best be met.

BOOK NOTES

THE SUBSTANCE OF MENTAL HEALTH, by George H. Preston, M. D. Farrar & Rinehart, New York, 1943. 147 pp. \$1.75.

Dr. Preston has tried in his book to give the average lay reader some understanding of the basic laws of mental health. His material is simply and amusingly presented. He gives examples of cause and effect in the development of human feeling and behavior, particularly in terms of one's relationship to oneself and to others. This is aptly summarized in his statement, "Since mental health is a function of living human beings, it must be defined in terms of active human relationship." The author sees mental health as consisting of the ability to live: (1) Within the limits imposed by bodily equipment, (2) with other human beings, (3) happily, productively, without being a nuisance.

In the author's words, "The full development of mental health depends upon the existence within the family circle of three common qualities: Affection, praise, and consistency in the sense of freedom from rapid, frequent, un-

predictable change. . . * * * Administered in proper doses, these three elements make it possible for a child to deal comfortably with other humans, with himself, and with organized society."

BRINGING UP OURSELVES, by Helen Gibson Hogue, Charles Scribner's Sons, New York, 1943, 162 pp. \$1.50.

The title of this book is somewhat misleading, since the author emphasizes the role that other persons play in our lives. The principles upon which healthful development of personality is based are discussed in popular language, with stress upon the importance of love, hate, and fear in personality development. Brief case stories describe successful redirection of behavior into socially acceptable channels. The book frequently reminds the reader of his responsibilities as a participating individual in the family, in the community, and in democratic society as a whole. Notable chapters are entitled, "Resolving tensions creatively" and "The religious need." A useful list of suggested readings is included.

What the best and wisest parent wants for his own child, that must the community want for all of its children.—*John Dewey.*

• INTER-AMERICAN COOPERATION •

Brazil

The Federal labor laws of Brazil have been codified, with some changes, and the code became effective November 10, 1943.

The child-labor provisions of the code include those of the child-labor law of 1941, with the following additions: Every owner of an industrial establishment situated farther than 2 kilometers (about 1¼ miles) from a primary school must set up such a school if he employs 30 or more illiterate workers less than 18 years of age. Social-insurance organizations are required to promote the establishment of playgrounds and vacation camps for young workers. Industrial establishments are required to admit for training a certain number of young people, in accordance with a 1942 law on this subject; these young people must have attained a minimum age of 14 years (instead of 12 as in the 1942 law), must have sufficient education to permit them to benefit from the instruction, must be physically and mentally fit for the chosen occupation, and must be free from contagious disease; applicants rejected for training must be given advice on the choice of a suitable occupation.

Some changes have also been made in the regulations concerning the employment of mothers. Whereas under a law of 1932 employment of women was prohibited for 4 weeks before con-

finement and 4 weeks afterward, under the present code these periods have been extended to 6 weeks each, and the maternity benefits paid during that time by the social-insurance organizations, formerly half of the woman's wages, have been doubled. The obligation—placed on employers by a previous law—to provide and maintain day nurseries for the children of women employees is transferred now to the social-insurance organizations. Standards of hygiene are prescribed for these day nurseries.

Brasil, Ministério de Trabalho, Indústria e Comércio, Comissão Técnica de Orientação Sindical, Consolidação das Leis de Trabalho, Rio de Janeiro, 1943.

Chile

Boletín de la Dirección General de Protección a la Infancia y Adolescencia, the first number of which is dated December 1943, is the organ of the national official agency of Chile, Dirección General de Protección a la Infancia y Adolescencia. The Dirección, established in 1942 to carry out a program of reorganized and centralized work for mothers and children, consists of several divisions, each devoted to a special branch of the work. Dr. Guillermo Morales Beltrami is the Director.

The Boletín contains information on some of the work done so far by the Dirección, articles discussing child welfare in Chile, and a section of news notes from other countries.

CONFERENCE CALENDAR

Sept. 6-9. American Congress of Physical Therapy. Twenty-third annual scientific and clinical session. Cleveland. Permanent headquarters: 30 North Michigan Avenue, Chicago.

Sept. 11-16. American Association for the Advancement of Science. Annual meeting. Cleveland. Permanent headquarters: Smithsonian Institution Building, Washington.

Oct. 2-6. American Hospital Association. Annual meeting. Cleveland. Permanent headquarters: 18 East Division Street, Chicago.

Oct. 3-5. National Safety Congress and Exposition. Thirty-third meeting. Chicago. Per-

manent headquarters: 20 North Wacker Drive, Chicago.

Oct. 3-5. American Public Health Association. Second wartime public-health conference and seventy-third annual business meeting. New York. Permanent headquarters: 1790 Broadway, New York.

Oct. 25-27. American Dietetics Association. Twenty-seventh annual meeting. Chicago. Permanent headquarters: 620 North Michigan Avenue, Chicago.

Nov. 9-11. American Academy of Pediatrics. Annual meeting. St. Louis. Secretary: Dr. Clifford G. Grulee, 636 Church Street, Evanston, Ill.

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THE CHILD

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In This Issue . . .

NEW YORK STATE'S PLAN FOR
TRAINING CHILD-WELFARE WORKERS

NOTES ON THE WORLD'S CHILDREN

UNITED STATES
DEPARTMENT OF LABOR
CHILDREN'S BUREAU



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**UNITED STATES
DEPARTMENT OF LABOR**

FRANCES PERKINS, SECRETARY



CHILDREN'S BUREAU

KATHARINE F. LERNROOT, CHIEF

In-Service Development of Child-Welfare Staff in New York State¹

By GRACE A. REEDER

Director, Bureau of Child Welfare, State Department of Social Welfare, New York

To understand New York State's problem of training child-welfare staff one needs to know that in this State child-welfare work is a local responsibility—that children's workers are chosen and paid locally. On July 1, 1942, outside New York City, 68 local public-welfare units were administering child welfare, including 57 county units, 6 city units, 1 town unit, and 4 county veterans'-bureau units. (In 1 county there is still no provision for a child-welfare worker as such; in this county child welfare is administered directly by the county commissioner of public welfare.) This picture is very little changed today except that owing to the shortage of child-welfare workers a number of counties have vacancies on their staffs.

Although the New York State Department of Social Welfare has no authority to select, nor to approve the selection of, local child-welfare personnel, as some States have, it does have the authority to reimburse 40 percent of the salaries of such personnel who have the qualifications established by the department. This has been a great help in creating an interest in having better-trained workers.

Not only do we have a training responsibility toward these local staffs, but we have also a training job to be done within, for our State staff. The State Department of Social Welfare has broad powers of supervision over the activities of child-welfare agencies and institutions, and therefore needs a thoroughly competent staff to make that supervision stimulating and fruitful.

The work of the department is decentralized into six areas, under area directors whose offices are at different points in the State. Each of the six area offices is responsible for the inspection and supervision of child-caring institutions and agencies in the area and for the licensing of board-

ing homes for children. They are also charged with the responsibility for improvement of the standards of child-welfare work in the counties of their respective areas. To the area directors and their staffs, who are in close contact with child-welfare workers in local communities, falls the job of interpreting to county commissioners and local children's workers the training program provided by child-welfare services under the Social Security Act, and of encouraging requests for training in communities most in need of service.

As the members of the State staff, who were appointed through open competitive civil-service examinations, have had more training and experience than local workers usually have, we have concentrated most of our staff-training work on the program for local workers. Our program for training of the State child-welfare staff has consisted chiefly of an annual 2-day conference of all such workers and a semiannual 2-day conference of the 6 area child-welfare supervisors. At our most recent conference of area child-welfare supervisors we were told by them that they want more stimulation and a definite and continuing program of staff training for their own development. At the present time we are offering educational leave—for one person at a time—to this group of 26 State child-welfare workers as a continuing program. As we are in the process of writing a child-welfare manual for local child-welfare workers, we are holding discussions on each chapter at area offices as a method of staff development.

Now as to the problem of training local personnel, which we have worked on with much greater intensity in the years since Social Security Act funds for child-welfare services have been available: Having first studied our local situation we established a training unit, consisting of five consultants. The local situation is illustrated by the following figures. In April 1943 in New

¹ Presented at the U. S. Children's Bureau Conference on Special Problems of Children in Wartime, February 4-6, 1944, Washington, D. C.

York State (exclusive of New York City) there were 277 child-welfare workers employed in local public-welfare departments. Of these 277 workers only 27 were graduates of a school of social work, and only 76 had had as much as 6 months' study at a school of social work. Many of the workers could not meet the admission requirements of a school of social work, for generally such schools require for admission a college degree and set an upper age limit of about 35 years. Of the 277 workers 101 had not completed college work, and 134 were over 35 years of age. In addition to these must be listed the number for whom professional study would not be advisable, as their continued employment is uncertain, either because they are personally unsuited for work with children or because for personal reasons, such as marriage and family responsibilities, they do not desire to leave the county for professional study.

Consultation Needed on the Job

It was obvious that it would be necessary for the training consultants to go into the counties for consultation with the workers on the job. Also, the child-welfare staff from the area offices were visiting the workers in the counties to give administrative supervision. At the outset this seemed to hold potentialities for difficulties, and so we agreed upon the following division of labor: The training unit assumes responsibility for developing the skills of the worker in the field of case-work problems and for helping her to build up basic knowledge in child welfare, and the area office assumes responsibility for developing the total program in the local unit and for providing administrative supervision.

Natural Division of Responsibility

This division seems to be a natural one, for as a rule the county workers turn to the right worker for help with the problems that fall within her jurisdiction. A policy that has proved helpful in this joint action is for the training consultant, after each visit in the county, to visit the area office to discuss the high points covered in training and to keep the area office informed of significant administrative problems revealed through case discussions. The consultant and the area staff decide jointly which of them will take responsibility for following through with the local worker or the commissioner on specific issues involving both administration and case-work procedure. In addition to these conferences, written reports of the consultant's visits are sent to each area office either monthly or at other stated intervals.

In the program of training for local workers various methods have been used: (1) Educational leave, (2) training or consultation on the job, (3) group discussions, (4) short-term orientation, or stimulation, (5) apprenticeship.

Salary Paid During Educational Leave

Fortunately for the plan of training through educational leave, employees who are granted educational leave do not lose their pay for the time so taken. The public-welfare law authorizes the board of supervisors of a county and the appropriating body of a city or town to include in their appropriations moneys for the continuation of the salaries of their local welfare employees who are on leave to receive additional training for the better performance of their duties, subject to the approval of the State Department of Social Welfare.

As it would be detrimental to the children's program to withdraw a local worker without making provision to carry on in her absence, the program of child-welfare services under the Social Security Act offers a substitute service. In counties where educational leave for the local worker is approved by the area office and the State department, a qualified children's worker is assigned to the county from the State staff and paid from Social Security Act funds. It is planned that the substitute shall go to the county for a short time before the regular worker leaves and that she remain for a while after the worker's return, thus ensuring continuity of the work for children.

In-Service Training Helps Workers to Make Best Use of School

Training or consultation on the job before and after educational leave has helped the workers to adjust more quickly to their studies at the school of social work, and after their return such training has helped them to adapt what they have learned to their day-by-day job. We have sent workers to the schools of social work at the University of Chicago, Western Reserve University, Smith College, and the University of Buffalo, as well as to the New York School of Social Work.

In the counties selected for training workers on the job, the consultant visits each worker monthly, spending from 2 to 3 days at a time, depending on the size of the staff. During part of each visit she and the worker discuss individual cases that the worker has selected because she was having particular difficulty with them. Part of the time is spent on discussion of specific subjects planned in advance, such as home finding or intake of cases.

Training on the job has aimed to help the worker in her all-round performance. It includes discussions of the range of duties of the child-welfare worker and of understanding of behavior and the application of such understanding to the cases under care; and it includes guidance in methods of leadership within the agency and in the community. One of the major difficulties encountered is that the worker needs help on a variety of pressing problems scattered over her entire range of duties and that many of these problems are beyond her ability to handle at the beginning of her experience. At the same time it is necessary for the consultant to concentrate sufficiently on a given problem or subject so that the worker can carry over to similar situations the principles of practice and the skills involved. One advantage in this, however, is that the work has to be done. The worker, unlike a student in a group removed from responsibility, is unable to escape the discipline of taking some action, and this probably accelerates the learning process.

Discussion With County Commissioners

Occasionally the county commissioner sits in on the discussions when they are related to general subjects such as adoption or the selection of foster homes. This has meant that it is possible for the commissioner to see where treatment of the individual indicates the need for change in agency policy. It has meant, too, that when the commissioner, as head of the agency, is in close touch with the worker and the consultant he is kept constantly aware of what is required in good practice and he understands the reason for certain case-work approaches to the community. The consultant keeps the commissioner informed of where the worker needs his help and of points at which she needs time to build up experience.

Training for New Supervisors

Training on the job has been given to an increasing number of local workers who are for the first time assuming the responsibilities of case supervisor. Training in supervision is of significance in relation to the State-wide development of local child-welfare programs. The majority of the counties had, at the beginning of the program, only one child-welfare worker each. When the county adds a new child-welfare worker, the senior child-welfare worker generally assumes responsibility for supervision of the junior worker (the latter usually having had no previous training or experience). The senior workers, however, have had for the most part no previous experience in supervision, and the addition of a

junior worker has been possible in many instances only on condition that the training unit help the senior worker in assuming this new responsibility.

Regular individual conferences are scheduled with each worker. Weekly staff meetings are initiated, and monthly group discussions are arranged with the consultant and the staff.

Pamphlet on Supervision Prepared

Our training staff, realizing the need for written material in connection with the work of a supervisor in a rural public-welfare agency, has prepared a pamphlet on supervision in such an agency for the use of beginning supervisors and also for the information of county public-welfare commissioners.

The length of time that workers have received training on the job has ranged from 1 to 3 years. On account of the turnover in staff, many counties have had training service almost continuously. It is increasingly evident that training must be a continuous and changing service. A worker does not "stay trained." Doing her work alone, she is in constant need of outside stimulation. She needs different kinds of training at different periods in her development. This means that if the greatest value of training is to be realized for them and for the counties, planning should include follow-up for all workers who have received training and the arrangement of suitable forms of training at intervals for these workers.

Group Meetings Helpful in Training

Group meetings of local child-welfare workers under the leadership of the training consultant, planned jointly by the area director, his child-welfare staff, and the consultant have been an important part of our training program. They have been usually 1-day meetings, held in the area office, for the purpose of supplementing individual consultation by the stimulation and discipline of group thinking. The bringing together of all the child-welfare workers in an area for group thinking under trained leadership has seemed particularly valuable because of the isolation of rural workers and their lack of professional contacts. Group meetings have also made it possible for workers to share common problems and philosophy and to keep abreast of new ideas and developments.

In all the group meetings an effort has been made to keep the group in touch with broad developments in the field, such as trends observed at the National Conference of Social Work or at orthopsychiatric conferences. Through the dis-

cussions the workers have gained in perspective on their work, have become able to articulate their thoughts, and to think as a group. As another result, the workers in several counties who never before had staff meetings have begun to meet weekly.

Beginning in 1943 we have offered a period of orientation and short-term training to workers who need additional stimulation or refreshing in some part of the work, especially those who were not eligible for training at a school of social work. Under this plan, through the use of Social Security Act funds, the worker spends a short period of time, usually a week, with an agency of good standards for the purpose of observation, consultation, and record reading. The New York Children's Aid Society and the New York State Charities Aid Association have assisted in carrying out the plan. The following three instances show different ways in which this kind of training is used.

The first worker was beyond the age at which professional training could be recommended. She had never read the records of another agency nor attended a class at a school of social work. She had had little opportunity for exchange of thinking with other professional workers and had no way of measuring her performance against that of other workers.

The training unit planned in advance with the New York State Charities Aid Association for her to have a week's experience with that agency and with the New York School of Social Work for her to attend a class on home finding, which was the subject she had chosen for special study.

The second worker was well-equipped professionally and had had experience in all phases of child welfare except foster-home selection. She was planning to undertake a demonstration in a county in which this experience was necessary. Arrangements were made for her to spend a week at the New York Children's Aid Society for intensive work in home finding. The same preparation with the agency was made as with the worker previously mentioned, and in addition the agency planned for her to attend some meetings of the New York Council of Social Agencies at which a city-wide project on this subject was to be discussed.

The third worker was a supervisor in a rural county. She had been having in-service training and had shown progress, but because of the unusually isolated location of her work and the fact that she had few opportunities to attend meetings outside the county, it was felt she needed the stimulation of seeing another agency at work and of exchanging ideas on problems. The New York State Charities Aid Association agreed to plan a week's study of supervision for her benefit.

In this plan the training unit has encountered unusual interest and enthusiasm on the part of children's private agencies that have participated in the plan. These agencies have given generously of their time and have indicated their willingness

to assist in the training of future workers that the State may select. The workers receiving the training have been very enthusiastic. They have found their thinking enriched and have made changes in their work, based on ideas that evolved from the experience. The area offices note that the plan has a psychological value in giving recognition to workers who cannot be considered for educational leave and who, with a little help at intervals, could greatly improve their practices.

Child-Welfare Apprenticeships

The position of child-welfare apprentice was created for the purpose of recruiting new workers to enter the public child-welfare field; it has been made possible through Social Security Act funds. Apprenticeship is based on a 2-year plan. The first year is used for training; 6 months or more at a school of social work and the remainder in a rural county with a limited case load, under general supervision from the training unit and with day-to-day supervision by the local supervisor. The second year consists of full-time employment in a rural public child-welfare agency with continued service from the training unit. During the first year the Department of Social Welfare pays the worker \$100 a month and also pays the tuition when the worker is unable to meet this additional expense. During the second year the worker is paid by the local public-welfare unit, with the usual 40 percent reimbursement from State funds for qualified personnel.

An announcement of the plan was sent to schools of social work, public and private child-welfare agencies, and the regional offices of the State Department of Social Welfare. From November 1942 to March 1943, 35 applications were received. These applications came from various parts of the State, with 4 applications from outside the State. The applicants were chiefly girls who had recently completed college work, who wanted to enter the field of social work, particularly child welfare, but who had no funds for additional training. Two applicants were students already attending school, who needed money to finish.

Should Be Suited to Rural Child-Welfare Work

In selecting the apprentices an effort is made to choose those who by personality, attitude, and native ability seem suited to rural child-welfare work.

In order to establish a basis for personality requirements—what we are looking for in workers—we first analyzed as nearly as was possible the cause of failure in child-welfare workers who,

even with assistance from the training unit, had been unable to develop to the point of satisfactory performance. Three essential qualifications seemed to be: (1) Ability to consider the needs of other persons in order to establish a constructive relationship with persons in need of some kind of help; (2) respect for the individual and his point of view; (3) sufficient personal strength to face issues, to assume responsibility, and to take the initiative.

Personality was also considered in the light of the fact that in a rural county the worker is more likely to be accepted for what she is as a person than for her professional training alone. Ease of relationship, ability to give and take in conversation, vitality, warmth, and responsiveness were considered most important.

In view of the youth and inexperience of the apprentices, 9 months has seemed the most logical period of school work. With less than this it would be too difficult for workers to stand up under the pressures of the job.

The apprenticeship plan has to date proved satisfactory for recruiting workers. It offers to the worker opportunity for professional preparation and a work experience under intensive supervision and provides for the local agencies carefully selected workers who are interested in remaining in rural child-welfare work. Five apprentices have been appointed so far.

Over a period of 5 years the in-service training program as originally planned has seemed sound. The training of workers on the job has proved one of the most essential parts of the program—a part for which there would be no substitute. For the untrained or inexperienced worker who is alone in the county, the importance of training on the job cannot be overstressed. When a new worker is added to a county staff it has proved equally important to train a senior worker to supervise the junior worker, as rarely has the senior worker had any preparation for supervision. In addition to helping the worker build up basic knowledge and develop skills in her job, it must be kept in mind that even for the trained and experienced worker periods of consultation are necessary to assure continued good standards of work.

A point of difficulty in the counties that stands out in relation to training is that when a worker graduates from a school of social work she is likely to be expected to handle any situation with competency. The schools of social work on the other hand make clear to their students that graduation from a school means merely that they are ready to begin but not in any sense that they are skilled. This has been evident in many situations. A worker going new into a county has so many adaptations to make that it is almost im-

possible for her to weather the adjustment without outside help. Perhaps more interpretation should be given to county commissioners of public welfare on this point, as some of them have had a definite feeling that when they employ a "trained" worker it is not appropriate for her to have further "training." They feel that as she is already trained the county will wonder why she needs continued help.

The program for training has significance for the all-important question of what agencies can do to obtain adequate staff. There are not enough trained workers to meet the demands. A sound training program offered to counties by a State Department of Social Welfare seems to be one fairly satisfactory answer to this problem.

Group meetings fulfill a different part of the worker's need. In a group meeting the worker can listen and participate but can escape actually doing any of the things suggested. In training on the job, escape from some kind of action on a case is impossible, which means that the worker either progresses or she does not. If she does not, there is eventual discussion of why she cannot make use of the suggestions. In a few instances, this has resulted in recognition by the worker herself that she is not satisfactory for the job. This obviously is a constructive result both for her, since she herself chooses to leave, and for the program, for which a change was desirable.

It has seemed logical to have the training service operate from the department's central office. The experiment was tried of having the area staff, under the guidance of the training consultant, do the training. This proved impracticable, both because the members of the area child-welfare staff had not been chosen for their teaching ability and because the pressures of their administrative duties frequently crowded training out of their discussions with local workers.

BOOK NOTE

RURAL CASE-WORK SERVICES, by Marjorie J. Smith, Director, School of Social Work, University of British Columbia. Family Welfare Association of America, New York, 1943. 62 pp. 50 cents.

This publication, through the use of case histories, shows the application of basic case-work principles in helping persons who come to a public-welfare agency in a rural community. The examples are selected from the fields of old-age assistance, aid to dependent children, aid to the blind, general assistance, and services to children living in their own homes or under foster care.

The case histories emphasize understanding of the individual and his situation as the public-welfare worker's responsibility and demonstrate that such understanding is basic to the establishing of eligibility for financial assistance.

The book has value for beginning case workers in either rural or urban communities.

Proposals for Dealing With Child-Labor and Youth-Employment Problems in the Reconversion and Adjustment Period

NOTE—This statement presents the recommendations of the Executive Committee of the Children's Bureau General Advisory Committee on Protection of Young Workers and of the Committee on Plans for Children and Youth of the Children's Bureau Commission on Children in Wartime. These recommendations were developed at meetings held June 15 and June 23, 1944, by the respective committees.

A deficit in education and an abnormal amount of youth employment and child labor created by the war make urgent the adoption of a program to restore and improve the educational opportunities and school attendance of the Nation's young people and to reduce the amount of employment of those under 18. One million fewer boys and girls are enrolled in high school than were in 1940. Boys and girls 14 through 17 years of age at work in April 1944 numbered 2 million more than in 1940; of the total 3 million at work in April 1944, half were working full-time and the other half part-time while continuing in school.

To cushion the impact of reconversion on the labor market, to regain opportunities for school attendance, and better to equip the Nation's young people for dealing with the economic and personal problems of the post-war world, the Nation vitally needs a child-labor and youth-employment program for the reconversion and adjustment period. Such a program should embrace at least the following measures:

1. Full Enforcement of Existing Federal and State Child-Labor Laws

A review of the adequacy of present appropriations for enforcement, and of the personnel available for child-labor administration, is urgently needed under both Federal and State laws. Wartime conditions have revealed in many places need for increases in basic appropriations and for additional qualified staff. Through strengthened resources much can be accomplished toward cor-

rection of extensive child-labor violations growing out of wartime conditions, toward improvement of certificate issuance, and toward extension of administrative determinations of hazardous occupations and minimum wages as authorized by existing laws. Reduction of illegal employment of children to a minimum would make more jobs available for older youth in need of them.

2. Revision of State Laws To Set a 16-Year Minimum Age for Employment in Any Occupation During School Hours and in Manufacturing Establishments at Any Time

Only 2 States now set a standard of 16 years as the minimum age for employment during school hours without occupational exceptions and for work in factories at any time. Thirteen States set such a 16-year standard in part but exclude certain occupational groups. (The remaining 33 States set a lower age.) Wartime conditions have shown up the extent and seriousness of these omissions in our child-labor laws, the need for tightening up child-labor standards regarding hours, night work, and hazardous occupations, and the importance of dovetailing child-labor and school-attendance requirements.

3. Educational Allowances in Lieu of Unemployment-Compensation Benefits for Young Workers Returning to School

Under present unemployment-compensation administration it is usual for young people attending school for an extended period to be disqualified for benefits during that time, for as students they are not considered available for employment. Educational allowances payable to young workers returning to school who are otherwise eligible for unemployment compensation, in the same amounts and for the same time as unemployment-compensation benefits, should be provided to remove the

serious financial handicaps to resumption of education that now exist in unemployment-compensation systems. Such provision of educational allowances would encourage return to school by removing financial incentives to idleness.

4. Planning of Other Measures for Helping Young Persons Return to or Continue in School, Including Student Aid, as Necessary

Although educational allowances, in lieu of un-

employment compensation, would constitute partial provision of financial resources for helping young workers resume their education, it would not assist students who have not interrupted their education, nor workers in employment not covered by employment compensation. It is therefore important to work out broader student-aid measures to enable young people to continue or resume their education. Such measures should include opportunities for appropriate amounts and kinds of part-time student employment.

Employment Standards for Minors Under 18 in the Navy Department

Holding that the health and education of the country's youth continue to be of paramount importance in spite of the present manpower shortage, the Navy Department has issued to its various establishments (all Navy, Marine Corps, and Coast Guard activities) a circular letter dated June 12, 1944, concerning the employment of minors under 18 years of age. This action by the Navy Department is of especial importance, as neither State nor Federal child-labor standards apply to Federal employment, although a number of Federal agencies voluntarily adhere to these standards. (The United States is expressly exempted from the Fair Labor Standards Act of 1938, and it is not legally subject to the requirements of State child-labor laws.)

The Navy Department's circular letter, which was signed by Rear Admiral F. G. Crisp, applies to the employment of minors in the Department in Washington and also in all navy yards, naval bases, naval air stations, and other naval activities.

The letter provides that minors under 16 years of age, except non-civil-service employees working in Ship's Service, shall not be employed in naval establishments. It also states that the Navy Department desires its establishments to conform to Federal and State child-labor standards. This provision will be of great assistance in bringing about adherence to these standards by individual establishments. In addition, it requires observance of the "Policies for Part-Time Employment of School Youth," issued jointly, September 1943, by the War Manpower Commission, the United States Office of Education, and the Children's Bureau, insofar as these policies relate to the employment of minors 16 and 17 years old who are also attending school. (See *The Child*, October 1943.) The circular states that this requirement

is not intended to interfere with the Navy's own apprenticeship program. Observance of these policies is not made mandatory, therefore, with respect to naval apprentices but only as to youth attending school outside the establishment. A statement of these policies on part-time employment was endorsed by the Navy Department March 13, 1944, with a recommendation that "all employment of school youth be in accordance with it."

Under these policies employed boys and girls 16 and 17 years of age attending school outside the establishment where they are employed may not work in excess of 4 hours on school days or 8 hours on days when school is not in session. Combined hours of school sessions and work may not exceed 9 a day. Weekly hours of employment may not exceed 28 during weeks when school is in session or 48 during weeks when school is not in session. One day of rest in each 7 days is required. Evening employment may not extend beyond 10 p.m., and at least 9 consecutive night hours must be allowed free from employment. Adequate rest and meal periods are to be allowed and adequate sanitary facilities and safety measures provided.

Such employed students may not be placed in any occupation dangerous to life or limb or detrimental to health or well-being. They may not work in hazardous occupations prohibited for minors under 18 years of age by State law or under the Fair Labor Standards Act of 1938 or contrary to the advisory standards of the Children's Bureau. The advisory standards referred to are those published by the Bureau in a series of folders entitled, "Which Jobs for Young Workers?"

Parental consent for the employment of such in-school youth is required, and students are not to be employed without an age or employment certificate or, in case such certificate is not legally provided for, other reliable proof of age. If a

physical examination is not already required for issuance of an employment certificate, the student should be given, wherever possible, a physical examination to determine his fitness to carry the proposed employment in addition to school work.

National Go-To-School Drive

The National Go-to-School Drive, jointly sponsored by the Office of Education and the Children's Bureau, was officially launched on August 6. Organized as a concerted effort to get boys and girls of high-school age back in school in the fall, especially those who have been working during the summer, it has received the support of national organizations, school people, labor unions, business groups, military leaders, and large numbers of individuals who are genuinely concerned about the decrease in school enrollment during the war. The Office of War Information is cooperating in the Go-to-School Drive, and the War Manpower Commission has endorsed the aims of the campaign. Although it is hoped that more boys and girls than in the previous war years will be able to enroll for full-time attendance at school this fall, it is recognized that in some war production areas young people may still be employed to fill manpower needs. In such areas it is recommended that well-planned programs of part-time study and part-time work be followed.

A major feature of the campaigns has been activity on State and local levels. In some States drives are being sponsored on a State-wide basis by broadly representative committees. In practically all the other States one or more State agencies and organizations, usually the State department of education and others, are encouraging State-wide interest in the go-to-school movement.

In Ohio leadership in the campaign to get young people to return to school has been taken by the State Defense Council's committee on youth problems. Through the efforts of this committee, more than 40 State organizations have joined in organizing a "Back-to-School Committee of Ohio," which has stimulated publicity and encouraged localities to undertake community drives.

In Rhode Island more than 50 leaders in the fields of industry, commerce, labor, religion, education, child welfare, and social service have formed an Advisory Council on Child Labor. A subcommittee of this Council, the object of which is to promote greater school attendance, is handling the Go-to-School Drive.

In Michigan the Governor's Youth-Guidance Committee is in the forefront of a return-to-school campaign, with appeals directed primarily to employed youth of school age, and is working

closely with the State Department of Public Instruction in the development of plans. The committee, which includes representatives of public and private social agencies, of service clubs, and of veterans', labor, health, and women's organizations, has distributed to State, county, and local youth-guidance committees throughout Michigan material including suggestions for local go-to-school drives.

Official endorsements of the campaign have been given by a number of State agencies and organizations, and in at least one State, Arkansas, the Governor has issued a proclamation which sets aside the second week in September as Child-Education Week and gives official backing to the efforts of State and local leaders to encourage boys and girls to return to school in the fall.

Reports that have come to the Children's Bureau from cities in many parts of the country give details of some local campaigns.

In Cincinnati, for example, plans for a go-to-school drive have included sending letters at the end of the summer to all young people 16 and 17 years of age at work and placing large posters on street cars, in addition to obtaining newspaper and radio publicity.

In Atlanta the campaign is being carried on under the leadership of the attendance officer of the city schools and has brought in representatives of labor, employer, and church groups, the Y.M.C.A., the Y.W.C.A., and other interested community organizations.

Another illustration of local activity preparatory to a go-to-school drive, is the action of the Board of Education in Philadelphia in preparing and publishing a bulletin, "What You Should Know About School and Work," and distributing it through all the junior and senior high schools of the city before school closed for the summer. It contained questions and answers giving information relating to summer-vacation employment and closed with an announcement of the opening dates of school in September and a strong appeal to return to school in the fall.

From various other places come reports that committees are planning radio broadcasts, art students are making posters for store-window display, and broadcasters are making announcements over the loud speakers at night ball games.

National organizations have brought the importance of the drive to the attention of their members through their publications and have also sent out suggestions for participation in local go-to-school drives. In some instances special articles, posters, or other publicity materials have been prepared and distributed to affiliated groups. Several national organizations have given emphasis to the Go-to-School Drive in the programs of their annual conferences and conventions.

A National Go-to-School Drive Handbook for Communities has been issued jointly by the Office of Education and the Children's Bureau.¹ This handbook includes facts on the need for a campaign and various ideas for community action in connection with the Go-to-School Drive on the part of teachers and school administrators, employers, labor unions, parent-teacher, civic, and church groups, and youth-serving agencies. A number of magazines with national circulation—education, youth, comic, and other—are featuring Go-to-School messages, and the Writers' War Board is cooperating with the Go-to-School Drive. In addition, a number of features are being planned for the radio and newspapers through national channels of distribution as well as locally. The drive is to continue through October.

Among the leading national organizations that are giving support to the Go-to-School Drive are:

American Association of University Women
American Federation of Labor
American Federation of Teachers
American Junior Red Cross
American Legion, National Child Welfare Division
American Medical Association
American Public Welfare Association
Association of Junior Leagues of America

Associated Youth-Serving Organizations
B'nai B'rith Youth Organization
Boys' Clubs of America
Camp Fire Girls
Community Chests and Councils
Congress of Industrial Organizations
General Federation of Women's Clubs
Girl Scouts
International Council of Religious Education
Lions International
National Association for the Advancement of Colored People
National Association of Secondary School Principals
National Catholic Welfare Conference
National Child Labor Committee
National Congress of Colored Parents and Teachers
National Congress of Parents and Teachers Associations
National Council of Catholic Women
National Council of Negro Women
National Council of Women of the United States
National Education Association
National Federation of Settlements
National Jewish Welfare Board
National Lutheran Council
National Recreation Association
National Urban League
National Women's Christian Temperance Union
National Women's Trade Union League
Rotary International
The Salvation Army
United Council of Church Women
United States Junior Chamber of Commerce
United States Chamber of Commerce
Woman's Society of Christian Service of the Methodist Church
Women of the Moose
Young Men's Christian Association
Young Women's Christian Association

In addition, a number of national trade associations and labor unions are cooperating.

BOOK NOTE

ACCENT ON YOUTH. Safety Bulletin, United States Employees' Compensation Commission, Vol. 8, No. 9 (March 1944), pp. 6-9.

Many persons do not realize that work for the United States Government embraces a wide variety of indoor and outdoor occupations—many in manufacture, construction, agriculture, and so forth—which present serious accident hazards, especially to the young and inexperienced.

In an article entitled, "Accent on Youth," the Safety Division of the United States Employees' Compensation Commission points out that disabling injuries were reported in 1943 for 3,800 young workers under 18 years of age employed by the Federal Government and therefore covered by the United States Employees' Compensation Act. Twenty-seven of these accidents were fatal. One 15-year-old boy—an agricultural helper—climbed into a corn bin to keep himself warm and was suffocated.

Another boy, 17 years old, was burned to death when paint thinner that he was using for cleaning was exploded by a nearby welder's arc.

In many of the nonfatal accidents reported these young workers narrowly escaped death or permanent injury; in some there were other serious consequences. Unsafe practices due to inexperience, youthful bravado, and lack of adequate training and supervision caused large numbers of these mishaps.

This report urges that each Government agency give special attention to the safety of its youthful workers. In conclusion, it recommends that youths be transferred from extrahazardous occupations to occupations with safer working conditions; that they be given special training classes; that each agency keep a current index of the progress made in accident prevention for this age group; and that an Interdepartmental Safe-Working Standards Committee for Federal Youth Employees be established.

¹The handbook may be secured free on request from the Children's Bureau, U. S. Department of Labor, or the U. S. Office of Education, Federal Security Agency, Washington.

SAFEGUARDING THE HEALTH OF MOTHERS AND CHILDREN

Organization of Council on Rheumatic Fever Announced

Membership in the Council on Rheumatic Fever is virtually complete, according to an announcement by the American Heart Association. Nine organizations (including the American Heart Association, which has responsibility for forming the Council) have agreed to participate in the activities of the Council, and most of them have appointed delegates.

The functions of the Council, according to the announcement, include all activities considered desirable with respect to the study, treatment, and prevention of rheumatic fever and rheumatic heart disease.

The Council was formed as a result of the Conference on Rheumatic Fever that was held January 26-27 at New York, under the sponsorship of the American Heart Association. At this conference the following resolutions were unanimously adopted:

1. Because of the magnitude and importance of the rheumatic-fever problem this Conference is strongly in favor of the extension of public programs, supported by Federal, State, and local funds, for the study, prevention, and treatment of this disease. Moreover, we believe it essential that additional funds be secured from private sources for the purpose of special studies to increase basic knowledge of the disease, for professional education, and for increasing public awareness of the problem.

2. In order to accomplish the purposes mentioned above, this Conference recommends that a Council on Rheumatic Fever be formed under the leadership of the American Heart Association, and that this Council shall include representatives of interested organizations.

With regard to necessity for such an organization the American Heart Association says: "It is the opinion of many leaders in medicine and public health that rheumatic fever and its complicating heart disease is the one important disease which is receiving the least adequate attention and financial support. Huge sums are contributed annually for tuberculosis, cancer, and infantile paralysis. Rheumatic fever ranks with these in importance, but up to the present time almost no funds have been raised to combat it. It is hoped that this unfortunate neglect will soon be corrected, and that the formation of the Council represents only the first important move in that direction."

The organizations that have accepted membership in the Council and the delegates that have been appointed are as follows: American Medical Association, Dr. Louis H. Bauer and Dr. Rustin McIntosh; American College of Physicians, Brig. Gen. Hugh J. Morgan and Dr. William D. Stroud; American Rheumatism Association, Col. William Paul Holbrook and Col. Walter Bauer; American Academy of Pediatrics, Dr. Alexander T. Martin and Dr. Hugh McCulloch; American Public Health Association (delegates to be appointed); American Hospital Association, Dr. Edward Harmon; American Association of Medical-Social Workers, Miss Ethel Cohen; American Nurses Association, Mrs. Myrtle D. Hodgkis Coe; American Heart Association (delegates to be appointed).

Shortage of Teaching and Supervisory Personnel in Schools of Nursing

Acute shortages in teaching and supervisory nursing personnel in the fields of obstetrics and pediatrics are shown in replies by schools of nursing to a questionnaire sent out by the National League of Nursing Education. The study, which is reported in the *American Journal of Nursing* for April, 1944, was made at the request of the Division of Nurse Education, United States Public Health Service. Reports from more than

900 schools of nursing were received.

The figures for positions filled and for those unfilled are reported for instructors of nursing arts, of science, and of both nursing arts and science; for supervisors with teaching responsibility and for those without; and for head nurses with teaching responsibility and for those without. Because in some schools there is lack of clear demarcation in the use of the terms super-

visor and head nurse, says the report, there is some overlapping between the figures reported for these two groups, but in spite of this it is believed that the study does show definite trends and gives an indication of which groups have the most acute shortage problems.

The report shows that about one-seventh of all the positions as instructors in nursing schools reporting are unfilled. The percentage is the same for instructors in nursing arts as in science, but numerically more instructors in nursing arts are needed.

The largest numbers of unfilled positions for supervisors and head nurses, both with and without teaching responsibility, are found in the group responsible for both medical and surgical nursing and in the obstetric group.

The greatest percentage of unfilled positions

occurs in the psychiatric field. Next comes the pediatric field, with the medical and obstetric fields close behind.

Only positions that were unfilled at the time the questionnaire was answered were counted, but reports from some schools showed that additional positions would be unfilled within a month or so.

Some schools wrote that although all their present positions were filled, they were not adequately filled. A director of a large school explained: "The nurses counted in the number at present employed are in some instances young, inexperienced nurses because someone must be in those posts. Most of us have somebody in these positions because we must have somebody administering a ward." Similar statements were made by directors of many other schools.

NOTES

That rates are lower for maternal deaths, stillbirths, and neonatal deaths (under 1 month) among patients attending maternity clinics than among nonclinic patients is suggested in an analysis by W. A. Cunningham, M.D., in the *Journal of the Medical Association of the State of Alabama* for April, 1944. The figures are from the 1943 reports from 44 county health departments, representing approximately 75 percent of the population of Alabama. In each of the three categories

studied—maternal deaths, stillbirths, and neonatal deaths—Dr. Cunningham states that the death rate was lower for the clinic group.

No evidence is presented, however, to show whether the clinic patients differed from the non-clinic patients with regard to other factors that may influence mortality, such as age, socioeconomic status, education, nutrition, and medical and hospital care at delivery.

ORGANIZING TO HELP THE HANDICAPPED: a brief guide for voluntary associations for the crippled, by T. Arthur Turner, National Society for Crippled Children, Elyria, Ohio, 1944. 165 pp. Cloth \$1, paper 50 cents.

Growing interest in the problems of the physically handicapped has greatly increased the number of voluntary workers in this field. Mr. Turner's handbook is designed to help these workers gain a clear over-all understanding of the proper functions of voluntary groups interested in the physically handicapped and of their relationship to tax-supported agencies.

The point of view set forth in this book is that the heavy burden of direct service to handicapped persons must be supported by the governmental agency and that the voluntary agency can make a twofold contribution: By working for laws that will set up the necessary tax-supported machinery and by providing certain services that are outside the present responsibility of public programs. As necessary background, therefore, to the discussion of functions of voluntary groups, a summary is given of the development of Federal-State programs for crippled children, Federal-State programs of physical and vocational rehabilitation, and public programs for the education of handicapped children, and an account of the general scope of responsibilities assumed in these programs for handicapped individuals.

The services that the voluntary agency can perform to strengthen and fill in the gaps of the public programs are discussed with a great many specific practical suggestions on such matters as special projects for the sheltered and

the home-bound, setting up a summer camp, organizing and administering associations for the handicapped, fund-raising, channels of publicity and how to use them, and efforts to promote legislation.

ROSE'S FOUNDATION OF NUTRITION. Revised by Grace MacLeod, Ph. D., Professor of Nutrition, and Clara Mac Taylor, Ph. D., Associate Professor of Nutrition, Teachers College, Columbia University. Fourth edition. Macmillan Co., New York, 1944. 594 pp. \$3.75.

The authors have incorporated into this new edition of a well-known textbook many changes contemplated by the late Professor Mary Swartz Rose before her death in 1941. They have done considerable reorganization in the light of recent progress in the field of nutrition research, but the aim of the book remains the same: "To present, within a small space, some of the fundamental principles of human nutrition in terms which call for no highly specialized training in those natural sciences upon which the science of nutrition rests."

CORRECTION

The paper on the New Haven Hospital's plan for follow-up visits by interns to the homes of underprivileged newborn infants, by Dr. Edith Jackson of the Yale University of Medicine, referred to in *The Child* for August 1944 (p. 29) was given at a meeting of the American Orthopsychiatric Association in February 1944.

• THE WORLD'S CHILDREN •

Family Welfare Under a New Law in Soviet Russia

By ANNA KALET SMITH

Office of the Chief, U. S. Children's Bureau

A decree has been enacted recently (July 8, 1944) in Soviet Russia, which continues a trend manifested in the law of June 27, 1936.¹ The 1936 law provided allowances to mothers of large families, prohibited abortion, and placed some restrictions on divorce.² The 1944 decree, which has the force of law, was enacted by the presidium (standing administrative committee) of the Supreme Council of the U. S. S. R., the Federal legislative body of elected representatives of the people.

Grants to Mothers

Government grants to mothers, irrespective of marital status, were introduced in Russia in 1936. These grants included (1) a single payment of 5,000 rubles upon the birth of the eleventh child and of every subsequent one, and (2) an allowance for a specified number of years for the maintenance of the seventh and of every subsequent child—2,000 rubles annually for the seventh, the eighth, the ninth, and the tenth child, and 3,000 annually for the eleventh and for every subsequent one.³ The period of time for which this allowance was paid was: For the seventh, eighth, ninth, and tenth children, the first 5 years of the child's life; for the eleventh and subsequent children, from the child's first birthday to his fifth.

The new law provides for similar types of grants: (1) A single payment on the birth of a child of a specified order and (2) an allowance for a specified period of his life. The first single payment is 400 rubles upon the birth of the third child; the amount of this payment increases gradually to 5,000 rubles, payable upon the birth of the eleventh child and of every subsequent one.

The allowances are paid monthly for 4 years from the child's first birthday to his fifth. They begin at 80 rubles a month for the fourth child and increase gradually to 300 rubles a month for the eleventh and for every subsequent child.

¹*Pravda*, July 9, 1944.

²*Izvestia*, June 28, 1936.

³The nominal foreign-exchange value of a ruble was 20 cents before 1940; its present value is not quoted.

All these allowances are payable not only for living children but also for those who lost their lives during the present hostilities or are missing as a result of them.

Aid to Unmarried Mothers

Another innovation is Government aid to unmarried mothers for the maintenance of their children. This aid is to amount to 100 rubles monthly for one child, 150 rubles for two children, and 200 rubles for three or more children and is payable from the child's birth until he reaches the age of 12. The payments are to be made in addition to the previously mentioned allowances payable under the new law to mothers with three or more children. All payments continue in case the mother marries. This aid is given only for the maintenance of children born since the enactment of the new law.

If an unmarried mother wishes to place her child in an institution, the institution must care for the child at Government expense; heretofore payment was required in some cases. Payments are not made to the mother during the child's stay in the institution. She may remove the child at any time.

Increase in Benefits Under Social Insurance

The childbirth benefit paid under social insurance was raised in 1936 from 32 rubles to 45; under the new law it has been increased to 120 rubles; the same amount is to be paid to employed women who are not covered by social insurance. The purpose of this payment is to help the mother obtain the clothing and other articles needed for the baby; and, in view of wartime shortages of goods, the law makes it incumbent on the authorities to make sure that articles for the baby are sold to the mother in the amount of the payment.

The period of maternity leave for women in factories and offices, during which, under the labor and social-insurance code, their employment

is prohibited and their wages paid in full, has now been extended to 35 days before childbirth and 42 days afterward; previously it was 35 and 28 days respectively. The postnatal leave may be extended to 56 days in case of childbirth complications or twin births.

Overtime work is prohibited for expectant mothers, beginning with the fifth month of pregnancy, and night work for nursing mothers.

The additional food rations for expectant mothers are to be doubled beginning with the sixth month of pregnancy, and for nursing mothers during 4 months of nursing.

Measures for Extension of Health Services

Further action for the welfare of mothers and children is assigned by the new law to the Council of People's Commissars of the U. S. S. R., the highest executive and administrative agency of the Government, which issues regulations for the administration of laws. The new law directs the Council to prepare plans for the establishment throughout the country of additional institutions for mothers with babies and of rest homes for expectant and nursing mothers; also of sufficient child-health centers, day nurseries, milk stations, and evening-care centers to meet the needs of all children in the territories recently freed from the Germans. The Council is also directed to take measures for setting up day-care centers and nursing rooms in all establishments employing large numbers of women, and for increasing the manufacture of clothing and shoes for children to be made available for distribution to children's institutions and for sale to the general public.

Tax on Persons Who Are Childless or Have Small Families

The special taxation of unmarried persons and those married but childless, which was introduced under a decree of November 21, 1941, is now extended to married persons with fewer than three children. The tax applies to men from 20 to 50 years of age and to women from 20 to 45. For a person subject to general-income tax this special tax will be 6 percent of his income if he is childless; 1 percent if he has one child, and one-half of 1 percent if he has two children. A person engaged in farming, whether collectively or individually, who is therefore subject to the farm tax but not to the general-income tax, will pay every year a fixed sum—150 rubles, 50 rubles, or 25 rubles, according to whether he is childless, has one child, or has two children. All other persons will pay 90 rubles, 30 rubles, or 15 rubles. Exempt from this tax are members of the armed

forces, irrespective of rank, and their wives; women receiving any kind of Government aid for the maintenance of their children; men and women under 25 attending educational institutions; and disabled persons of specified categories.

New Regulations Concerning Marriage and Divorce

From now on only marriages that are registered legally are valid; common-law marriages, which previously had a legal status, are no longer recognized.

Under the new law the mother of a child born out of wedlock is deprived of the right to seek court action for the establishment of paternity and for obtaining support from the child's father; also, she is required to give her own surname to the child.

Stringent rules regarding divorce are prescribed in the new law, which requires court action according to a definite procedure. Under the law of 1936 the only requirement was that both parties appear before the local registrar of vital statistics. In the words of the law, the purpose of this was "to counteract the careless attitude toward the family and family responsibilities." Prior to that the appearance of one party was sufficient. These methods of dissolving marriage are no longer valid. An applicant for divorce now must file a petition in the people's court giving his or her reason. The filing of the petition must be announced in the local newspaper at the expense of the person filing it. Both parties and the witnesses are summoned before the court, which is required to attempt a reconciliation; if this fails, the petitioner has the right to take the case to a higher court. In case it is found necessary to dissolve the marriage, the court settles the question of the custody and support of any children and of division of property between the parties.

The law of 1936 introduced, as a possible deterrent to divorce, a fee of 50 rubles for the first divorce, 150 rubles for the second, and 300 for the third and any subsequent one. Now a payment of 100 rubles is required at the time of filing the petition; and the fee for the divorce itself, payable by one of the parties or jointly by both, varies, at the discretion of the court, from 500 to 2,000 rubles, a price considered prohibitive for the average person.

For the practical application of these reforms the new law provides for the necessary amendments in the laws of the republics constituting the U. S. S. R., and directs the Council of the People's Commissars to prepare the required regulations.

NOTES ON THE WORLD'S CHILDREN

Ten graduates of schools of social work in the other American republics, each from a different school, are beginning a year's study in schools of social work in the United States, under the auspices of the American Association of Schools of Social Work. The students are from the following countries: Argentina, Brazil, Colombia, Costa Rica, Cuba, the Dominican Republic, Mexico, Paraguay, Peru, and Venezuela.

Continuance of *Infancia*, the Spanish-language version of *The Child*, which is being published in Mexico City, is dependent on the number of subscriptions received.

The work of translating and publishing is being done by the Instituto Panamericano de Bibliografía y Documentación in Mexico City. Señor Miquel Ferrer, Director, on an experimental basis, with the cooperation and assistance of the Coordinator of Inter-American Affairs. Credit for the enterprise and for the Spanish translation belong to the Institute and its Director.

The price of a year's subscription to *Infancia* is 60 cents. Orders for subscriptions should be addressed to the Instituto Panamericano de Biblio-

grafía y Documentación, Apartado Postal 8626, Mexico, D. F. (Letter postage 3 cents.)

Two educational motion pictures, "Water—Friend or Enemy" and "Defense Against Invasion"—both Walt Disney animated cartoons in color, have been produced in English and in Spanish for the Coordinator of Inter-American Affairs. "Water—Friend or Enemy," shows the importance of pure drinking water and illustrates ways of keeping spring and well water from being contaminated. "Defense Against Invasion" explains methods of protecting the body from disease by immunization.

A leaflet listing the titles of films released by the Office of the Coordinator of Inter-American Affairs and telling how they may be obtained has been issued by its Motion-Picture Division, 444 Madison Avenue, New York 22, N. Y.

"Highland Doctor," a motion picture issued recently by the British Information Services, tells the story of the "Highlands and Islands Medical Service," which has been carried on by the Government for the past 30 years in remote regions of Scotland. British Information Service, 30 Rockefeller Plaza, New York.

CONFERENCE CALENDAR

- Oct. 2-6. American Hospital Association. Annual meeting. Cleveland. Permanent headquarters: 18 East Division Street, Chicago.
- Oct. 3-5. Conference on Rural Education. The first conference on rural education ever held in the White House, Washington. Sponsored by the National Education Association, 1201 Sixteenth Street N.W., Washington 6.
- Oct. 3-5. American Public Health Association. Second wartime public-health conference and seventy-third annual business meeting. New York. Permanent headquarters: 1790 Broadway, New York 19.
- Oct. 3-5. National Safety Congress and Exposition. Thirty-third meeting. Chicago. Permanent headquarters: 20 Wacker Drive, Chicago.

- Oct. 25-27. American Dietetics Association. Twenty-seventh annual meeting. Chicago. Permanent headquarters: 620 North Michigan Avenue, Chicago.
- Oct. 30-Nov. 1. National Society for Crippled Children. Twenty-second annual meeting. Chicago. Chairman, Percy C. Angove, 514 Buhl Building, Detroit 26.
- Nov. 5-11. American Education Week. General theme: Education for New Tasks. Sponsored by National Education Association, 1201 Sixteenth Street N. W., Washington 6.
- Nov. 9-11. American Academy of Pediatrics. Annual meeting. St. Louis. Secretary: Dr. Clifford G. Grulee, 636 Church Street, Evanston, Ill.

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THE CHILD

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THE CHILD

MONTHLY BULLETIN

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UNITED STATES
DEPARTMENT OF LABOR

FRANCES PERKINS, SECRETARY



CHILDREN'S BUREAU

KATHARINE F. LENROOT, CHIEF

SAFEGUARDING THE HEALTH OF MOTHERS AND CHILDREN

Rehabilitating the Hard-of-Hearing Child

By DOROTHY A. SUTHERLAND and MAXINE MILLER

Medical-social workers, formerly with Massachusetts Eye and Ear Infirmary, Boston

Since the 1930 White House Conference many advances have been made in the care of children, medically and socially. Public-health programs have done much to control diseases that were incapacitating many of our children permanently, and the crippled children's program under the Social Security Act has taken into account the social as well as the medical needs of children suffering from various physical limitations. The hard-of-hearing child, however, unlike the profoundly deaf child, has been seriously neglected both medically and socially. His behavior and his social responses have been misunderstood by his parents, his teachers, and his playmates. Too often he has been considered stupid in school, has failed repeatedly in his class work, has been found inattentive or uninterested, and thus regarded as struggled along in school for even 5 or 6 years before the real nature of his difficulty is discovered. At home he has been scolded for not paying attention when spoken to, for disobedience, for failure to carry out instructions that he did not hear. He has been left out of games by his playmates, laughed at for making irrelevant replies to their questions, and, unable to stand their derision, has reacted in ways that make him seem more different from others than he really is.

Physicians, Educators, and Social Workers Recognize Need

Physicians, educators, social workers, and others interested in children are becoming increasingly aware of the need for more knowledge concerning hearing handicaps and for the development of adequate facilities to meet this need medically, educationally, and socially.

This article concerns the study of 300 hard-of-hearing children in a clinical setting at the Massachusetts Eye and Ear Infirmary in Boston by the Winthrop Foundation for the Study of Deafness. This foundation has the threefold program of exploring the problems of hearing in children in

general, offering a well-rounded program of medical and social treatment for the children studied, and stimulating community interest in, and understanding of, the hard-of-hearing child.

The children studied live in the New England States; some were referred to the foundation by private physicians, other hospitals and clinics, public and private social agencies, State and local departments of education and rehabilitation, and some were selected from the patients of the regular ear clinic of the Massachusetts Eye and Ear Infirmary.

Degree and Type of Hearing Impairment May Vary

Being hard of hearing does not have the same meaning in every child, as the degree and the type of impairment of hearing vary. For example, one type of impairment may limit the distance at which the child can hear conversation to 2 or 3 feet, though he may be able to distinguish readily some sounds that are beyond this range. Moreover, if such a child is able to read lips, he may give the impression that he can hear at a considerably greater distance than this, but the limitation is obvious if his back is toward the speaker or if he is in the dark. Another type of hearing impairment often results in a babyish, poorly developed speech, which is due to the fact that although the child hears some sounds well he hears others in distorted form, and he reproduces both in his speech as they sound to him.

For the purpose of this article the hard-of-hearing child may be defined roughly as one who has enough residual hearing to understand ordinary speech if the sounds are sufficiently amplified. The cases described here all relate to children who were hard of hearing according to this definition and whose disability was severe enough to warrant the use of a hearing aid.

The method of studying the children under this program is as follows: Each child's difficulties are thoroughly analyzed by the physician in charge

of the program. The physician interviews the parents and the child and obtains a detailed developmental and family history, finds out how much difficulty the child's poor hearing creates, and begins to explain to the child and to the family how the situation can best be helped. Then the child is given a series of special hearing tests which indicate accurately the nature and degree of his hearing disability. Otologic and pediatric examinations and individual psychometric tests are given, and a qualified speech teacher is consulted if this is necessary. The results of all this study are coordinated in order to have a well-rounded evaluation of the child's difficulties as a basis for treatment. The medical-social worker contributes her knowledge of the child's personality and of his attitudes toward his handicap, which she has obtained from interviews with the child and his family, as well as from reports from his school and from any social agencies that have known him.

Medical and Surgical Procedures Used for Correction

When possible, elimination or reduction of the handicap is brought about by medical and surgical procedures. Since it is not possible in many instances to restore normal hearing, an effort is made to reduce the hearing disability by such measures as lip-reading instruction, speech correction, and individual instruction to assist in re-education of the child with regard to hearing and in the use of a carefully selected hearing aid.

Social and Educational Adjustment Sought

The primary purpose of having a medical-social worker in the clinic organization is to assist the child and his parents to accept the hearing handicap and to make the best possible social and educational adjustment. Experience has shown that the medical-social worker can contribute most effectively to the study of the child and to his adjustment if she establishes a relationship with him early in the study, before any definite medical plan is made. The final recommendations for each child are made as the result of the combined data obtained by the physician, the medical-social worker, the psychologist, and the speech teacher. Conferences are held by the staff, at which each child is discussed and a comprehensive plan is made to meet his special and general problems.

Often both the parent and the child are able to accept a diagnosis of a permanent hearing disability intellectually but cannot do so emotionally. In these instances it is necessary to undertake medical-social treatment to discover the factors

preventing the carrying out of the medical recommendations. Parents often fear that the child will become totally deaf; that he will be a complete failure in his school and social situations; that a hearing aid will be even more of a handicap to him socially than the hearing loss; that the wearing of an instrument will further damage his hearing; also, that they are in some way to blame for the child's condition. Older children, who are more aware of the significance of their hearing loss than younger ones, often have similar anxieties. Both parents and children may hesitate to discuss these fears with the examining physician, either because they feel that he does not have time to hear their difficulties or because they look up to him as a person of authority whose plan they must not openly question. It is the medical-social worker's responsibility to enable the parents and the child to express their feelings frankly in order that misunderstanding, fears, and anxieties may be dealt with whenever possible. Some misunderstandings must be handled with the help of authoritative information from the doctor after they are expressed.

Child Afraid To Use Hearing Aid

A 16-year-old girl who had apparently accepted the physician's recommendation for a hearing aid indicated in her conversation with the medical-social worker her fear that wearing it would destroy all her hearing. When this was made known the doctor was in a position to relieve her fears so that she willingly obtained a hearing aid.

In other instances the anxieties are deep-rooted, and the medical-social worker must have numerous interviews and use all her skills in order to understand and treat the patient's resistance to carrying out the recommendations.

Minimizing her disability, a 16-year-old girl did not wish to wear a hearing aid, but became willing to do so after a series of interviews with the medical-social worker, during which she discussed her feelings of shame about her school failures and her increasing insecurity in her social relationships. She was helped to see more clearly how her difficulties were related to her poor hearing and to her sensitiveness about it and to realize that a hearing aid would be a great help to her.

Early Detection of Hearing Loss Important

The early detection of hearing loss is extremely important if the child is to be kept from developing poor speech and if he is to be ready to compete with other children at entry in school. Yet many parents have difficulty in connecting symptoms noticed in the children with loss of hearing.

The great majority of preschool children with poor hearing have been handicapped from birth or early infancy.

A sensitive, retiring little girl, 5 years old, was thought to be "wilful" and was often reprimanded for failure to mind. The mother finally noticed that when the little girl was playing in the yard she did not respond to her mother's call, but came immediately as soon as her brother told her she was being called. Then the father began testing her hearing with his watch, and discovered that she could not hear the tick of the watch at all, and that she could hear an alarm clock ticking only when it was held close to her ear.

Only Observant Parents or Physicians Detect Loss in Preschool Children

Since these children are not yet in school and very few of them are in nursery school, their hearing loss is discovered only by observant parents or physicians. As most of them have been handicapped since birth or early infancy, their speech development is usually very poor. They have a limited vocabulary, and their "baby speech" continues even up to the age of 5. Playmates notice that they are different, that they are unable to join easily in the games, and so often ignore them or tease them. Therefore, they play by themselves more than do other children. Since they do not hear themselves, they are usually very noisy. Poor hearing and poor understanding of words limit their ability to learn through verbal explanations, and the most effective way for them to learn about a thing is to feel it and take it apart, with the result that they appear to be more destructive than the average child. Many are unable to establish a secure relationship with their playmates and are unusually retiring and dependent upon their parents.

Parents May Become Overprotective

The parents in turn, realizing that their child is "different" even when not recognizing the cause, become overprotective and thus further foster the child's dependence upon them. The parents tend to be extremely anxious about their child, constantly comparing his development with that of other children, and are too often further confused by the opinion of friends and sometimes doctors that their child is just slow and that he will outgrow his poor speech and behavior difficulties.

Types of Hearing Disability

Hearing disabilities in children of school age may be of two types. In some children the hearing loss dates from birth or early infancy but has not been recognized by the parents, while in others hearing may become impaired during their school years. Teachers eventually notice the difficulty, but with adequate testing the cause of poor grades could be found much earlier than school age.

One 12-year-old boy of normal intelligence was about to repeat the fourth grade for the third time when his hearing disability was noticed and he was referred to the infirmary for study.

A boy who had always been considered normal by his parents seemed to his teacher to be either mentally deficient or a severe behavior problem. At 6 years of age, his speech was slurred and rather babyish; he seemed unable to do the required school work, got along poorly with the other children, and often cried for no apparent reason. His teacher through close observation discovered that whenever she stood farther than 10 feet away from him while talking to the class he cried and showed considerable anxiety. At her suggestion the mother brought him to the infirmary for examination, and he was found to have a marked hearing loss. Fortunately this child's disability was discovered and corrected when he was quite young.

Adolescents Emotionally Disturbed by Handicap

Some of the children seemed able to accept their handicap with a minimum of emotional conflict, but most of them, particularly the adolescents, showed varying degrees of disturbance. Many felt some shame and embarrassment and a desire to minimize or conceal their condition, since it was not apparent by observation. An outstanding characteristic was their lack of self-confidence; they tended to avoid any new situation, whether it was meeting a person for the first time or undertaking part-time work in after-school hours. Some seemed to feel very inadequate and needed to be given much encouragement and support before they could begin to realize that they were not just stupid. One girl began to feel that her friends were deliberately trying to leave her out of their activities. When they joked and talked she feared they were talking about her. This attitude of blaming others for situations that really resulted from poor hearing was often found among youngsters who knew that they were not getting along well with their companions although they did not know the reason.

Attitudes Toward Handicap Vary

About half the school children studied were able to do satisfactory school work, but only with great effort. Others became discouraged when they were unable to follow class discussions, and they began to lose interest in school. It was frequently found that such children, who did not do well in school and did not join in the activities of their friends, tended to become overdependent upon their families.

Once the hearing loss was recognized some children and their parents presented constructive attitudes toward the handicap and the physician's recommendations, while others were resistant and

needed considerable help from the physician and the medical-social worker. In general, the parents who had helpful, understanding attitudes toward their children had a constructive point of view about their child's hearing loss, and these children in turn were much less disturbed than were those whose families were more upset emotionally about the condition.

A girl in whose family were several persons with serious hearing handicaps began losing her hearing at the age of 9, the same age at which her father first began to lose his. Despite the fact that his handicap had caused him many difficulties, both social and economic, he and other hard-of-hearing members in the family had made excellent adjustments. Although the family were naturally distressed about the girl's difficulties they faced the situation realistically. The child expressed some concern about being deaf like her father and her grandmothers. However, through the intelligent way in which her parents handled the situation she was able to react as a normal child in her school and home environment and later had no difficulty in accepting the necessity for having a hearing aid and in using it easily.

Parents Sometimes Minimize Child's Hearing Loss

A few parents insisted upon minimizing the child's hearing losses, maintaining that he could improve his school marks if he would "pay more attention" and "try harder." Others felt that their child would outgrow the difficulty and therefore felt that there was nothing to be concerned about.

On the other hand, a considerable number of parents showed a degree of concern which made it extremely difficult for the child. Some had made definite plans for the child's future and were discouraged because they felt that a permanent hearing loss would be an insurmountable obstacle to the child's "making something of himself." In several cases, because of the parents' desire for the child's success, their disappointment was quite obvious to the child, and he began to feel that he would be a failure.

Particular difficulties were encountered in families where a hard-of-hearing parent had made a poor adjustment.

One mother who was very hard-of-hearing and who had always felt that she had been discriminated against at home because of her disability, showed a great deal of concern about her 12-year-old daughter who now had a slight hearing loss. She refused to have the girl study lip reading and constantly expressed the fear that this girl was "different" from the other children and was sure to have an unpleasant life.

Sometimes the problem of progressive loss of hearing in a child intensified friction already existing between the child and the parents. One 16-year-old girl, for example, was rapidly losing her hearing, had already competed unsuccessfully with a younger sister for her mother's affection, and was now extremely disturbed because she felt

that her mother disliked her even more because of her poor hearing.

The proper selection and fitting of a hearing aid is a skilled medical technique, based upon the results of medical and social studies.

Adjustment to Hearing Aid May Be Difficult

Adjustment to the use of a hearing aid is sometimes a rather difficult process from both the technical and emotional point of view and requires the continuation of service from the clinic staff for a considerable period of time. Clinic teachers guide the children in using their hearing aids correctly so as to make the most effective use of their residual hearing, and also in combining their lip reading and their hearing for the better understanding of conversation and in correcting speech defects if they are present.

The child is given periodic hearing tests, with and without the hearing aid, over a period of years, so that any technical difficulties may be discovered and attended to and so that any change in the degree of hearing loss may be noted and compensated for.

The medical-social worker maintains a continuous relationship with the child and his family and follows his adjustment to his school and home situation. Close cooperation is maintained with the school in order to help the teachers understand the child's individual problems as they are presented. Just as a child's attitude toward his hearing loss is conditioned by the attitude of his parents, his personality, and his environment, his ability to make an effective adjustment is likewise dependent on these factors. Recognizing these emotional and environmental variables and dealing with them effectively is an essential part of the medical-social worker's contribution.

The Younger the Child the Better the Adjustment

In general, the younger the child the better is his adjustment to the use of a hearing aid. In the clinic group of children from 3 to 6 years of age, spontaneous enthusiasm for the hearing aid led, in almost every case, to rapid and complete adjustment. Most of these children had had impaired hearing from birth or early infancy, and their immediate reaction to the hearing aid was one of surprise and delight at hearing sounds they had never heard before. One child ran up and downstairs, amazed that her feet made a noise, and another tore paper to hear the sound. Another got a great deal of pleasure from listening to traffic noises for the first time, and several wanted to wear their instruments to bed so that they would be sure not to miss hearing any sounds

when they awoke in the morning. With these young children, the pleasure in hearing far outweighed any other feelings they might have about a hearing device. The efforts of the medical-social worker were directed toward helping the parents develop and maintain constructive attitudes that would reinforce the child's own feelings of satisfaction and pleasure.

Associate With Normally Hearing Children

After the preschool child had become used to his hearing aid, it was found advisable in many cases to have him join a nursery-school group in order that he might associate with normally hearing children in a supervised environment. The ease with which 3- to 4-year-old children using hearing aids adjusted to nursery school often made it possible for them to begin regular school with their own age group instead of struggling along unsuccessfully or going to a school for the deaf. They showed real enthusiasm in correcting and developing their speech and were proud of their ability to regulate and care for their hearing aids. The real success of little children with impaired hearing in functioning as essentially normal children is the most effective argument against the old idea of waiting until a child is grown before attempting to correct a hearing disability with a hearing aid.

The adjustment of children 6 to 9 or 10 years of age is usually similar to that of preschool children. Teachers have shown real skill and understanding in assisting these children during the potentially difficult period when they begin to wear their aids to school.

The teacher of a first-grade class, after a discussion with the medical-social worker about a little boy who was going to use a hearing aid in school, prepared the class by telling them about the hearing aid and explaining how it would help their small classmate. The little boy knew how interested the other children were in seeing it. On the first day he wore it to school the teacher brought him to the front of the room, explaining to the class that now the little boy had the hearing aid that they had all heard so much about, and since it was such an important occasion they were going to take some time so that he could show them just how it worked. She asked several children to go to the back of the room and speak to him, and the little boy was delighted to show that he could answer without difficulty. Her own acceptance of the situation and her skillful guidance of the children's natural curiosity into a constructive channel gave the little boy a pleasant experience which added to his self confidence. This way of handling the situation also satisfied the children's curiosity, and they almost immediately accepted the hearing aid as a matter of course and paid no further attention to it.

The adjustment of the older child, in the pre-adolescent and adolescent years, is usually more complicated. He has developed more definite

attitudes and feelings about his hearing loss and is more concerned about the reactions of others, particularly his friends. Since adolescence is a period of physical and emotional change and development, any permanent physical disability, particularly one that affects social relationships as directly as does a hearing loss, affects the child's personality, sometimes to a serious degree. Therefore he usually has mixed feelings about a hearing aid. His pleasure at hearing well is often tempered by his concern about the attitude of others, and he feels that the instrument will make him even more different from his friends than the poor hearing did. This is a problem that must be faced realistically. Although many children can be helped rather easily to get over these fears, others cannot begin to wear the instrument successfully as soon as it is recommended, because their feeling of insecurity is already so marked that a hearing aid is likely to increase it. Although some of these situations can be handled by the physician and the medical-social worker, psychiatric advice and treatment may be needed when a child is seriously disturbed. It must be kept in mind that not all the behavior problems presented by such a child are necessarily related directly to the hearing loss.

Medical-Social Worker Helps Adolescents

The medical-social worker's interviews with many of these adolescents helped them to develop feelings of security and understanding so that they could bring themselves to follow the recommendation for a hearing aid. Their adjustment was slower, however, than that of the younger children, and many needed a sustained relationship with the medical-social worker over a much longer period of time.

An attractive but retiring girl of 16 accepted without difficulty the necessity for wearing an instrument, but only gradually was able to show progress in overcoming her feeling of inferiority in regard to wearing it. However, in her discussions with the social worker she began to see that her extreme reluctance to make new friends and her fear of saying the wrong thing in class were the result of difficulties experienced before she obtained her hearing aid. After a little more than a year she was able to recognize that her fears no longer had any real basis. She began to show more self-confidence, and her social relationships became more satisfactory.

Follow-up in a group of school children wearing hearing aids has shown that they improve considerably in their school work. Teachers report that they are more interested and participate more actively. One high-school boy, after obtaining the aid, expressed the feeling that he was "living in a new world." He especially enjoyed being able to follow group conversation and to

take an active part in it. Several who had been discouraged about their ability to do anything but simple mechanical work are now planning to have further education in a field that interests them.

Most of the children have shown an increased ability to stand on their own feet instead of depending excessively on their parents. The parents in turn are now able to allow them more freedom and feel more ready to encourage them to undertake activities appropriate for children of their ages. In a number of families in which the child's loss of hearing resulted in friction, the situation has improved as the child began developing more adequate social relationships. One girl who had difficulty with her two sisters does not seem so concerned about it now that she has outside activities to occupy her mind.

Children Show Increasing Self-Confidence

The most outstanding change in the school-age children was increasing self-confidence and a desire to be with other people. The girls almost immediately began to show more interest in their appearance, arranged their hair in more becoming ways, and selected their clothing with more care. Their increased ease in social relationships seems to be related to their feeling that they are now like other children and can do what the others do. As one girl expressed it, "I'm still scared sometimes, but now I know I can do it." It has been interesting to observe some of them taking the initiative in finding work after school—the same ones who were formerly afraid of even riding on a street car alone.

We do not wish to give the impression that once the use of the hearing aid is accepted all the problems are immediately solved. Some children who usually get along well have occasional periods during which they are discouraged and begin to worry about what other people think. Others wear their hearing aids without concern when in school but are sensitive about wearing them outside. Boys have more difficulty than girls in this matter, partly because a hearing aid on a boy is more conspicuous and partly because most boys participate in active sports in which a hearing aid is a handicap.

A 10-year-old boy with poor speech faced the possibility of being placed in a special class because of his school failures. He was found to have a hearing loss, and he readily accepted the necessity for wearing a hearing aid. For a year he adjusted well, his school marks improved considerably, and his speech became clearer.

He became active in school affairs and played baseball with the other boys at recess. Then he began to complain of mechanical difficulties with the instrument and to leave it at home. It was found that the boys had begun to keep him out of the baseball games, which were important to him, because they were afraid they would break his hearing aid, and therefore he was leaving it at home. Arrangements were soon made with the teacher to provide a place where the instrument might be kept during recess. A place was also suggested where he might keep the instrument when playing after school. He is now willing to wear the aid during school hours and at home after dinner, and is again included in the ball games.

In spite of the efforts of many interested groups the general public is not yet aware of the prevalence of hearing difficulties, particularly among children and young people. There is a lack of understanding of the problems of the child with poor hearing and too little knowledge of the constructive measures that can help him. The general lag in community interest and understanding has meant that many are continuing to be unnecessarily handicapped.

Since the preschool child adjusts more easily to a hearing difficulty than the older child, it is important to discover any impairment in hearing as early in childhood as possible. The hard-of-hearing child presents a complex problem that cannot be solved entirely by the arbitrary selection of a mechanical hearing device. A hearing loss is basically a medical problem, and every child who has a hearing difficulty or is suspected of having one should be examined by an otologist, who can give whatever medical or surgical help is available before resorting to a mechanical device. On the whole, teamwork involving the services of physicians, psychologists, medical-social workers, and teachers seems to be essential if the hard-of-hearing child is to be offered a well-rounded program of treatment as a total personality in relation to his limitations.

Hard-of-Hearing Children Can Be Helped To Lead Happier Lives

The experience thus far in the Winthrop Foundation for the Study of Deafness has shown that hard-of-hearing children can be helped to lead happier lives, do better school work, and look forward to a future in which life is potentially normal for them as adults, economically and socially. If the hard-of-hearing child is given the best medical care and social service, he will be able to make his contribution to society as well as to find happiness for himself.

British Recommendations With Regard to Children With Rheumatic Fever

By BETTY HUSE, M.D.

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Only within recent years has it been widely realized in the United States that rheumatic fever is one of the most serious threats to the life and health of our children. In Great Britain the situation is equally serious, and the medical profession, the health authorities, and the public have been aware of the problem for a number of years. It is of great interest, therefore, to compare recommendations made recently in Great Britain by the Cardiac Society and the British Paediatric Association with the policies that have been followed in the United States in the development of public programs for the care of children with rheumatic fever or heart disease.

No State Programs for Children With Rheumatic Fever Until 1939

Until 1939 in the United States no public provisions had been made specifically for the care of children with rheumatic fever, except for services provided in a very few large cities by city health departments. Since 1939, however, when an additional annual appropriation for crippled children's services of \$1,020,000 was authorized by Congress, the Children's Bureau has set aside some funds annually for the development of State programs for children with rheumatic fever. The amount of funds that could be used for this purpose was very small compared to the total needs, and it was decided that the best use of the funds would be to organize small programs through which the methods of providing good complete care to children with rheumatic fever could be explored.

First Steps in Development of Programs of Care

As a first step in the development of programs of care for children with rheumatic fever, the Chief of the Children's Bureau called together a small committee of pediatricians and other recognized authorities in this field. General policies for the development and administration of such programs were outlined by this group. At present 19 State rheumatic-fever programs have been approved by the Children's Bureau, as follows: California, Connecticut, District of Columbia, Idaho, Iowa, Maine, Maryland, Michigan, Min-

nesota, Missouri, Montana, Nebraska, Oklahoma, Rhode Island, South Carolina, Utah, Virginia, Washington, and Wisconsin. Although no State program is identical with any other, the policies outlined by the committee have been generally followed.

Striking Similarity Between British and American Recommendations

How do these policies compare with the recommendations of the British Paediatric Association and the Cardiac Society? The similarity is striking. The British group recommends that establishment of cardio-rheumatic clinics, organization of hospital schools, and compulsory notification of all cases of acute rheumatism, chorea, and rheumatic heart disease be undertaken concurrently, and states that "there would be no object in setting up notification if no clinic were established or in starting a clinic unless it has access to a hospital school." The American group recommended that: "No State program for children with heart disease and conditions leading to heart disease, however, should be confined to a survey to ascertain the prevalence of rheumatic heart disease among children, but should provide also for a plan of services that includes diagnostic services, hospital care, and convalescent care and other after-care services for children who are found to be in need of such care." Approval of State rheumatic-fever plans has been contingent on the provision of a complete plan for diagnostic and treatment services as outlined in this recommendation.

The British group recommends that a trial be made in certain selected centers, "where suitable personnel for staffing clinics and hospital schools would be available." State rheumatic-fever programs are all organized around centers "where it is possible to organize a complete program of care for children with rheumatic fever or heart disease, including good medical, medical-social, and nursing services and facilities for adequate diagnostic, hospital, and sanatorial care and after-care."

In connection with the cardio-rheumatic clinic the British group recommends that it be manned by physicians with experience in chil-

dren's diseases and diseases of the heart, that an almoner (the British equivalent of a medical-social worker) be attached to the clinic, that good laboratory facilities be available, and that consultations be by appointment. The recommendations of the American group for clinic care include supervision by a qualified pediatrician or internist with special experience in the care of children with rheumatic fever, attendance at the clinic by a medical-social worker and a nurse, and provision of laboratory facilities, appointment system for clinic visits, and the keeping of adequate records.

Consultation at the Homes of Children Recommended by Both Groups

Both groups recommend that consultations at the homes of children should be made possible.

The recommendations of the British group regarding "hospital schools" are directed toward provision of long-term care for children with active rheumatic infection, care which would include not only medical and nursing care but continuing education as well. The American group made the same sort of recommendations in connection with "Standards for Convalescent Hospitals and Convalescent and Foster Homes," in which not only were the medical, nursing, and nutritional requirements outlined, but also the need for education of the children. Great progress has been made in the State rheumatic-fever programs in finding adequate facilities and in obtaining the co-operation of departments of education so as to provide teaching for these children.

Home Supervision of Children Who Have Recovered From Rheumatic Fever

The British group stresses the need for home supervision of children who have recovered from rheumatic fever and improvement of home environment whenever possible. The provision of after-care services is included in the recommendations of the American group. In State rheumatic-fever programs great emphasis has been placed on after-care services arranged through the consultation services of the pediatrician, the medical-social consultant, and the public-health nursing consultant on the staff of the State agency.

Both the American and the British group recommend the reporting of rheumatic fever to the health authorities, the education of children with heart disease in regular classes whenever possible, and provisions for vocational training where this is needed.

Because of its great interest to workers in the field of rheumatic fever in the United States, the

report by the Cardiac Society and the British Paediatric Association, which was published in *Archives of Disease in Childhood*, Vol. 19 (June 1944), pp. 96-98, is presented here in full.

Acute rheumatism is primarily a disease of school age and often produces serious results. It impairs physical health, causes serious loss of education by preventing attendance at school, is the main cause of organic cardiac disease in early life, and may lead to physical incapacity for years and to death relatively early in adult life.

Until it is possible to prevent children becoming the victims of this disease, treatment must be limited to early diagnosis and the use of those measures which are known to hold out the best prospects of limiting the cardiac damage.

These objects can best be effected by the following:

1. The establishment of cardio-rheumatic clinics where the diagnosis can be established early and with certainty.
2. The organization of hospital schools where children can be efficiently treated for so long as may be necessary while education continues.
3. The compulsory notification of all cases of acute rheumatism, chorea, and rheumatic heart disease.

These steps may ultimately prove desirable for the whole country. At the moment, however, it is suggested that a trial should be made in certain selected centers (e.g., large towns with medical schools) where suitable personnel for staffing clinics and hospital schools would be available. ***It must be stressed that these three actions must be taken concurrently and that there would be no object in setting up notification if no clinic were established or in starting a clinic unless it had access to a hospital school.***

The Cardio-rheumatic Clinic

This should be situated in such a position that it is easy of access from the surrounding district. It should be closely associated with a key hospital, so that good laboratory facilities may be readily available, and the clinical material of the clinic may be utilized for teaching purposes. It should be purely consultative and advisory, with the objects of diagnosis and supervision, of follow-up, of research, and possibly of the direction of adolescent patients into suitable occupations.

Consultations should be by appointment (where necessary transport should be provided), and school medical officers and general practitioners should be encouraged to attend. The clinic should be held at least once a week, and when needed an evening session should be arranged to meet the requirements of patients in employment. The follow-up and supervision should continue into adult life. This clinic should be staffed by physicians with experience in children's diseases and diseases of the heart. This is essential to enable the clinic to deal with problems arising in the differential diagnosis of rheumatic manifestations and to follow up cardiac cases into adult life. In some centers it may be possible to find one physician who combines these functions, but in others it will be necessary to make use of a team. They should have the help of an assistant physician or registrar. An almoner should be attached to the clinic and adequate secretarial assistance must also be provided.

It is desirable that the equipment should include: apparatus for measuring height and weight; an X-ray set for screening and photographing hearts; an electrocardiograph and a technician; a laboratory for sedimentation rates, blood counts, and biochemical investigations.

The function of this clinic should be the early diagnosis of acute rheumatism in children and adolescents, and the follow-up of those patients who have had carditis, with the following objects:

1. Securing the best possible treatment so as to minimize cardiac damage.
2. Supervising the life and activities of the rheumatic child.
3. The compilation of reliable data with the object of securing prevention of acute rheumatism.
4. The direction of cardiac defectives into suitable occupations.
5. The education of medical practitioners in the diagnosis of acute rheumatic carditis and cardiac disease generally.
6. The differentiation of habit spasms and ties from chorea, and "growing pains" from acute rheumatism, which experience has shown form a large part of the work of such a clinic.

Consultations at the homes of children should be made possible. The parents, the family doctor, and the school medical officer should be advised as to fitness for school and any treatment needed. A report should be sent to the family doctor and school medical officer.

All cases of acute rheumatism, chorea, and carditis notified should be immediately referred to the clinics unless admitted to the hospital school. School medical officers and general practitioners should be authorized and encouraged to refer to the clinic all children under the age of 16 in whom cardiac murmurs of doubtful significance are found. This is important for two reasons:

- (a) There is often difficulty in deciding whether a given murmur is evidence of past or present carditis or a congenital malformation or is an "innocent" or "functional" murmur; it is most important that any such doubt should be removed so that unnecessary restrictions need not be imposed.
- (b) The proper examination of such cases has a great value from the point of view of research and education.

It is desirable in addition that all children with a history of past rheumatism or chorea, even though they have no signs of cardiac damage, should also be referred to the clinic so that they may be kept under supervision and any relapse noted as soon as possible.

In addition to the report and advice on school and treatment a note should be made as to the necessity for another examination (i.e., in 6 weeks, 3 months, 6 months, and so forth) and arrangements made for the child to be summoned to the clinic again at that time.

Hospital Schools

Such hospitals should be established at suitable points throughout the country. They should be hospitals for treatment of children with cardiac rheumatism but should also be equipped with well-qualified teachers and full school apparatus so that educational facilities

may be available for all those inmates who can benefit by education. In addition to continuing general education, each child should be trained as far as may be possible so that he is able to earn a living without the necessity of laborious physical work. By various grades of recreational education both knowledge and manual skill may be acquired.

Where possible these schools should be situated in the country, and they should be large enough to accommodate all cases of acute rheumatism arising in the district served. The stay of each child should be a period of many months. Each hospital school must be supplied with adequate hospital equipment so that nursing of severely ill children can be carried out and so that progress may be recorded—i.e., an electrocardiograph and a technician, an X-ray screen and a suitable laboratory. Each should be a center for research into etiological factors and improved treatment of acute rheumatism. In these hospital schools the treatment of acute rheumatism might well be combined with that of other "long stay" children's diseases. This may be particularly necessary in view of the probable shortage of skilled teachers of the necessary type since it is clearly desirable that all children suffering from long illnesses should be provided with educational facilities.

Where possible the physician in charge of the cardio-rheumatic clinic should also visit and supervise the hospital school, and the assistant physician or registrar should also be attached to the hospital school.

Children will be admitted to the hospital school either direct from their homes immediately on notification, from other hospitals, or from the clinic, and patients should be retained in the hospital school until either (a) their condition is proved not to be due to acute rheumatism or other cause of cardiac damage, or (b) it is certain that the infection is quiescent or the condition cured, and the child is fit to live at home. On return they should, whenever possible, attend ordinary schools. Experience has shown that unless there is considerable cardiac enlargement these children are well able to lead a normal school life with full activities. Cases with more severe cardiac damage can attend ordinary schools provided they do no competitive games or drill. P. D. schools of a special type may be of great value by enabling education to continue until the age of 16 and by providing a special vocational training in the final years.¹ But it must be remembered that it is most desirable from the psychological point of view that these children should be brought up as much like normal children as possible. A small number of children may be so severely damaged that it is advisable to transfer them to an institution for chronic invalids if they cannot be adequately cared for at home. Immediately on discharge from the hospital school the child should be referred back to the clinic for supervision.

In view of the striking social incidence of acute rheumatism every effort should be made to promote satisfactory housing for all children and to see that all children receive adequate diet and clothing. Children who have had acute rheumatism should be given special home visits with supervision, and improvement of home environment whenever possible.

The public and the profession should be educated to realize the potential importance of upper respiratory infection, however trivial it may appear. Parents of children attending the supervisory clinics should be instructed to report any such infection at once so that proper care may be instituted in an attempt to prevent a rheumatic relapse.

¹By "P. D. school," the writer probably means the special schools maintained by education authorities in England and Wales for children with physical defects.

Other Measures

Vocational training.—Facilities must be made available for vocational training of rheumatic children during their last years at school and on leaving school so that they are trained for suitable sedentary employment. When this has been done steps must be taken to ensure that when they start work they do in fact obtain such employment.

Notification.—The serious results of rheumatic carditis and the importance of early diagnosis and adequate treatment make it imperative that *all cases of suspected acute rheumatism, chorea, and rheumatic heart disease in children under the age of 16 years* should be made compulsorily notifiable.

It should be the duty of any medical practitioner who suspects that a child or young person is suffering from

any of the above-named conditions to notify immediately the local health authority.

It should be the duty of the local health authority upon the receipt of such notification to refer the child to a cardio-rheumatic clinic and if necessary to offer to the parents accommodation for the child in a hospital school. It should be possible for the notification to be cancelled if, after examination at the clinic, it is found that the child is not suffering from rheumatism, chorea, or rheumatic heart disease.

Research.—All clinics and hospital schools should be so staffed and equipped that they become active centers of research. This research should be coordinated by frequent interchange of ideas amongst the staffs of the various regions. This could perhaps be best facilitated by a coordinating committee who should be informed of all research in progress.

A limited supply of reprints of this article will be available from the Children's Bureau, Washington 25, D. C.

BOOK NOTES

DEAFNESS AND THE DEAF IN THE UNITED STATES, by Harry Best. Macmillan Co., New York, 1943. 675 pp. \$6.50.

This comprehensive book should be of value to professional workers in the broad fields of health and social service, especially to those engaged in child-health activities. It is divided into five parts, under the following headings: Deafness and possibilities of its prevention, General condition of deaf, Organizations in respect to deaf, Provisions for education of deaf children, and Conclusions with respect to work for deaf. Individual chapters deal with such phases of the subject as the structure of the ear, the causes of deafness, the incidence of deafness in the general population and in specific age groups, social and economic considerations, means of communication, and education of the deaf. Only one chapter deals solely with the problem of partial deafness.

ORTHOPEDIC NURSING, by Robert V. Funsten, M. D., and Carmelita Calderwood, R. N. C. V. Mosby Co., St. Louis, 1943. 602 pp. \$3.75.

Written by a physician and a nurse, this book presents the combined medical and nursing viewpoints regarding the nursing care of patients with orthopedic conditions. It points out the need for greater understanding on the part of the nurse regarding the orthopedic principles involved in all types of nursing care and it emphasizes the relation between the application of this knowledge and the prevention of orthopedic disabilities that may tend to develop in patients with long-term debilitating conditions.

A section including several chapters deals with the nursing care of surgical and cast patients, gives descriptive material regarding linens and restraints used in the nursing care of orthopedic patients, and discusses the responsibilities shared by nurses and physical therapists.

Correlated with medical information necessary for intelligent nursing care of specific orthopedic conditions is a discussion of nursing procedures necessary for the successful outcome of medical or surgical care.

Considerable space is devoted to the nursing care of orthopedic conditions in children. There are chapters on congenital deformities, cerebral palsy, scoliosis, poliomyelitis, and other conditions to which children are subject.

THE MEDICAL-SOCIAL WORKER IN A PUBLIC-HEALTH DEPARTMENT. Los Angeles County Health Department, 1943. 12 pp. Mimeographed.

This introductory study of the function of medical-social workers in a local health department is a valuable contribution to the limited literature on this subject. It includes three brief papers, analyzing the contributions of medical-social work in three programs carried on by the health department, the tuberculosis program, the social-hygiene program, and the maternal-health program. Focusing upon the social and environmental conditions that may affect the patient's medical care, the analysis shows that mutual understanding of the scope and limitations of the allied fields of medicine, public-health nursing, and medical-social work is of the greatest importance when members of the three professions are jointly serving the same patients. Good results in problem cases depend upon the closest kind of cooperative teamwork.

THE YOUNGEST OF THE FAMILY, by Joseph Garland, M.D. Revised edition. Harvard University Press, Cambridge, 1943. 182 pp. \$2.

A handbook for inexperienced mothers.

• YOUNG WORKERS IN WARTIME •

Community Action in the National Go-to-School Drive

Less than a month after the National Go-to-School Drive had been officially launched on August 5 with an announcement by the Children's Bureau and the United States Office of Education, State and local drives had been organized and were steaming ahead in at least 32 States. Progress reports reaching these two offices show the amazing vitality of this national effort to persuade the boys and girls of high-school age to resume their studies once more.

With a background of national activity by newspapers, magazines, radio, and motion pictures, leaders of community go-to-school drives have shown ingenuity, energy, and enthusiasm in rallying their forces to halt the drastic reduction in high-school enrollment, which in 3 years went down by a million.

Community Groups Join Hands

All kinds of community interests and groups have joined hands to give momentum to the campaigns: Employers, business and professional men and women, labor unions, school officials, women's organizations, service clubs, churches, public officials, and even young people themselves! Frequently school officials have headed the drives. In many places committees of the local offices of civilian defense have taken leadership. Local campaigns have followed no one pattern. Each community, in the good democratic tradition, has worked out its own lines of action.

It is too early to give a complete picture of this Nation-wide mobilization for better school attendance, on either a full-time or a part-time schedule, but here are some examples of the ways in which different communities have gone about their job:

Boys and Girls Speak Up for School

In Houston, Tex., high-school boys and girls who had distinguished themselves in public-speaking classes have been making speeches before service clubs and civic organizations, urging the adult members of these groups to help build up school enrollment. One of the themes stressed by these young people is the importance of education in acquiring better understanding of coming international problems and responsibilities.

A city-wide go-to-school committee appointed by the superintendent of schools has been actively

supported by 35 parent-teacher groups, the Y. M. C. A., and many other community and civic organizations.

One large oil firm asked all its young workers to sign a pledge to return to their classes.

Parades and Parties Spread the News

In a section of Boston a parade of schoolboys was organized. Carrying home-made banners extolling the virtues of education, some 300 members of the Charlestown Boys' Club paraded through their district in a back-to-school demonstration. The parade was followed by a songfest and movie show at the clubhouse.

Pledge To Go Back to School

At Dorchester House in Boston, the director sponsored a dance for boys and girls who had agreed to quit their summer jobs and return to school for a full year. To be admitted to the dance, each young person had to sign and turn in the following pledge, which was also signed by a witness, preferably a parent or guardian: "I hereby pledge to go BACK TO SCHOOL to complete this year of education and to better prepare myself for employment and to learn to be a better American citizen now and in the future."

With vigorous leadership from the Massachusetts Federation of Teachers and the active co-operation of labor unions, veterans' organizations, women's clubs, and the schools, an active campaign has been carried on throughout the State.

Word-of-Mouth Propaganda

Denver's parent-teacher association originated the idea of a "gossip campaign" to put across the go-to-school idea. Their members agreed to "talk school" wherever they went and with whomever they met—in their homes, at grocery stores, in beauty shops, in every kind of meeting place.

This city's campaign got under way during the latter part of August when the Denver council of the parent-teacher association joined with the junior chamber of commerce in setting up a coordinating committee with representatives from labor unions, Federal agencies, and other organizations interested in the drive. Official sponsorship for the drive was given by the Denver Board of Education.

Letters and Telephone Calls Help the Cause

Letters to employers and telephone calls and letters to students working during the summer were among the techniques used in Kansas City (Mo.) to induce young people of school age to re-enroll in school. Early in the campaign the director of attendance, visiting teachers, and census of the public schools sent letters about the National Go-to-School Drive to the directors of personnel in firms for which work permits had been issued in recent months. These letters pointed out that many types of employment in which youth could work full time during vacation became illegal for full-time employment after the school session began, set forth the provisions that applied, emphasized that it was the policy of the Kansas City Public Schools to keep minors under 16 years of age in school, and urged the employers to cooperate.

Just before school opened a concerted effort was made to get in touch directly with the young people who were holding jobs during the summer. Roughly 800 telephone calls were made and nearly 700 letters were sent to boys and girls who could not be reached by telephone. In many cases the young people were urged to arrange conferences with high-school counselors to work out a part-time school program if they could not attend full time.

Pictures in the Papers Tell the Story

Pictures and newspaper articles about boys and girls from Minneapolis high schools who had worked during the summer but planned to return to school were prominently featured in newspaper publicity given the local Back-to-School Drive. One story, which pictured two 17-year-old boys at work in a flour mill, pointed out that both the boys and their employer felt they ought to return to their classes because education came first and "school was money in the bank." Another feature article, including a picture of three 16- or 17-year-old boys at work in a stockroom, stated that they had been advised by older men in the plant to get all the education they could or they would regret it later. A third article in the series, showing two girls helping out in a hospital kitchen, told of their plans for the future and quoted one of them as saying, "Besides, school's more fun."

The campaign has been organized by a city-wide committee sponsored by the Minneapolis Central Council Parent-Teacher Association and representing labor unions, employer associations, and churches, as well as the schools.

Verse-Maker Rhymes His Appeal

In Ohio, the first to have a State-wide organization representing practically every group with a civic program, the editor of a Negro weekly appealed to his young readers thus:

I know the stuff is temptin'
To a kid just in his teens;
It seems hard to stop the jingle
Of that money in his jeans.
Kids the age of my boy Israel,
Who is barely seventeen,
Have been rollin' in a pasture
That is filled with heavy "green."
Better master math and language,
Better study while you can,
'Cause the future will cold-shoulder
Every untrained boy an' man.
It's an age of brains that's comin'
So, my boy, don't be a fool,
Git prepared for worlds to conquer.
Leave that job . . . AN' FINISH SCHOOL.

Car Cards and Posters Flash the Message

In Atlanta posters advertising the go-to-school drive have been placed in the department stores and theater lobbies. Car cards on the local campaign have been displayed in street cars and busses.

In addition, a large power company in Atlanta issued a pamphlet urging boys and girls to return to school and distributed it in all busses and street cars. Locally sponsored news flashes have been run in all the downtown and neighborhood movies.

Advertisers Give Space

In many cities retail advertisers carried the go-to-school theme in their copy. Thirty-two stores, banks, and utility companies in North Adams, Mass., joined to buy a page of space in the local paper to urge the go-to-school idea. "Thinks He's Smart, Quitting School . . . But, Boy, IS HE A DOPE?" was the slogan they used. In Fort Smith, Ark., a furniture store gave an entire page of its newspaper advertising to an appeal in support of the campaign.

The making of America cannot be done alone with picks and shovels to build its forges and ships and railroads. The real America of the future is what its boys and girls shall become by academic and vocational training.

—John Wanamaker.

• SOCIAL SERVICES FOR CHILDREN •

BOOK NOTES

YOUNG OFFENDERS; an inquiry into juvenile delinquency, by A. M. Carr-Saunders, Hermann Mannheim, and E. C. Rhodes. Macmillan Co., New York, 1944. 165 pp. \$1.75.

The social and environmental conditions of about 2,000 delinquent and 2,000 nondelinquent boys are rated in this study, the first group-control study of juvenile delinquents ever made in Great Britain. The investigation was begun by the Home Office of the British Government and was planned and supervised by three investigators from the London School of Economics. The data were gathered with the help of the probation and education services in London and the other areas covered in the study.

Information on the first thousand boys before the juvenile court in London after October 1, 1938, was matched by information on another thousand of the same age and from the same schools who had never come before the court. The inquiry was later extended to about the same number of boys in six industrial cities.

The homes of the boys were grouped according to family structure and home atmosphere. Each group was analyzed and the homes of delinquents and of nondelinquents were compared.

The writers include measurement of attitude of parents and children and recommend further research into the psychological causes of delinquency. Attitudes of course do not readily lend themselves to statistical measurement. Furthermore the findings in regard to them were gathered by a number of different persons using subjective criteria.

The book contains a valuable summary of previous investigations into the causes of juvenile delinquency in Britain made from 1816 to 1938.

DEVELOPMENT IN ADOLESCENCE; approaches to the study of the individual, by Harold E. Jones, assisted by the staff of the Adolescent Growth Study Institute of Child Welfare, University of California, D. Appleton-Century Co., New York, 1943. 166 pp. \$2.

This account of a boy's development—1 of the 80 boys included in the 7-year California Adolescent Growth Study—brings out the advantages of this long-time research project. Some of the values of such a study, in which about 200 boys and girls were originally studied, are crystallized in the three-dimensional individual who emerges against the background of the growth, development, and personality changes that were taking place at the same time in the other subjects of the inquiry.

By giving detailed information collected about "John Sanders," the youngster whom the book follows from the sixth grade to college, the author is able to show us what kind of family John lived in, how he was looked upon by his teachers and classmates, and how his physical, motor, and mental development progressed, as well as how John thought about himself and how he struggled against the many odds that hampered his social maturation.

This is one of a series of reports on this group of 80 youngsters and on individuals in it. It represents the interdependent work of psychologists, physicians, a physiologist, and a school counselor but is set up in such a way that "a reader interested in a specific approach can observe the application of this method and study an example of individual development as portrayed by it."

Because of its warmly human approach to John's problems and the wealth of supporting data from the entire study, the book avoids turning out to be simply a case history and leads the reader to await with interest the publications of other parts of the study.

INSTITUTIONS SERVING CHILDREN, by Howard W. Hopkirk. Russell Sage Foundation, New York, 1944. 244 pp. \$2.

The Executive Director of the Child Welfare League of America has written this account of children's institutions on the basis of nearly 20 years' experience in the field of child welfare, much of which was in connection with such institutions.

Consideration is given to the historical development of children's institutions and their change from orphanages and asylums into homes and schools; also to the more recently established community services for children that have influenced programs in the child-welfare field.

The importance of an appropriate physical plant, with the services necessary to maintain it, is not overlooked. Floor plans of several institutions are included, and the advantages of various types of buildings and the organization of services are discussed.

The major emphasis is, however, on the aspects of care that affect the child most directly. The services needed for the education of the child and for his sound physical and emotional growth are discussed in detail. Three chapters are devoted to the staff required, their educational qualifications, and their living and working conditions.

The chapters on personal relationships of the child and on his education, training, and physical care are rich in valuable suggestions for overcoming those routinized procedures that contribute little to sound physical and emotional growth.

Administrators of children's institutions will be interested in the discussion of costs of care, although this is limited by the lack of comparable data. The concluding chapter is on evaluation of services through self-criticism and surveys. The appendixes include excerpts from a report made by Johann Heinrich Pestalozzi on his establishment for children more than 150 years ago; excerpts from "The Albany Diary" of the author of the present volume, written when he was superintendent of an institution for dependent and neglected children; and forms recommended for recording physical examinations and medical histories of staff and social and medical data on children.

Social Service in Peru

The School of Social Service in Peru, directed by Señorita María Rosario Araoz, has published the first number of its official organ, *Servicio Social*, dated December 1943.

The informative and varied material making up the 200 pages of this publication is divided into sections, each dealing with a separate problem, such as Principles of social work; Fields in which social workers can be used; Studies made by the students of the School of Social Service.

The leading article, entitled, "The Status of the School of Social Service in Peru,"¹ is a valuable document on social work in that country.

The author describes some of the public-health and social conditions in Peru needing improvement through social service, the purpose of which, in his words, is "better practical application of legal measures enacted in the spirit of social justice." With the aid of frequent quotations from sources in Spanish and other languages Professor Nuñez presents his conception of social service as an instrument for dealing with the problems arising out of poverty, ill health, neglect of children, and so forth. The social worker deals with the family and with society as a whole, he says, as distinguished from the public-health nurse, who works with the individual case of the patient, whether in a hospital or in his own home. Trained social workers are needed to carry out the program of social service that has been undertaken by the State. Training, in the author's opinion, will assure proper use of the available resources and the proper direction of social work; also, through the individual case work done by trained social workers the State will obtain information that will enable it to introduce reforms.

¹La Posición Nacional de la Escuela de Servicio Social del Perú, por Estuardo Nuñez, Profesor de Economía Social del Perú, *Servicio Social*, Lima, Diciembre 1943, No. 1, pp. 5-22.

The School of Social Service in Peru, says the article, was established under a law of 1937; and, in compliance with that law, it concentrated in the beginning on the training of welfare workers for service in industry. Soon, however, it became apparent that social workers were needed in other fields too, mainly those of public health and education. The curriculum of the school was modified by Executive Order in 1943; and now it consists of 2½ years of theoretical and practical study, as a basic preparation for social work, and 6 months of practical training in one of the following fields: Public health, industry, rural communities, public schools, and penal institutions. The school aims to adapt social service to the needs of the people; to this end its students have been studying these needs, and, according to Professor Nuñez, they will continue to do so, so that its graduates may be qualified to take part in the building of the new world which is to follow the present worldwide crisis.

The results of two practical studies made by the students of the school are published in the present number of *Servicio Social*. One relates to the eating habits of the families of public-school children in a district in the city of Lima, and the other to the general welfare of the families of workers on three sugar plantations. The subjects of the latter study include the workers' living quarters, eating habits, clothes, education; also the medical care and recreational facilities provided for them by the owners of the plantations.

Reviews of books in English and Spanish, summaries of articles in current periodicals, and news notes from other American countries are also included in *Servicio Social*, which is a substantial contribution to knowledge of social service in Peru.

A. K. S.

CONFERENCE CALENDAR

Oct. 22-28. National Hearing Week. American Society for the Hard of Hearing, 1537 Thirty-fifth Street NW, Washington 7.

Oct. 30-Nov. 1. National Society for Crippled Children. Twenty-second annual meeting. Chicago. Chairman, Percy C. Angove, 514 Buhl Building, Detroit 26.

Nov. 5-11. American Education Week. General theme: Education for New Tasks. Sponsored by National Education Association, 1201 Sixteenth Street NW., Washington 6.

Nov. 9-11. American Academy of Pediatrics. Annual meeting. St. Louis. Secretary: Dr. Clifford G. Grulee, 636 Church Street, Evanston, Ill.

Social Statistics

CHANGES IN VOLUME OF HEALTH AND WELFARE SERVICES 1940-42

Supplement to Vol. ⁹~~8~~, No. ⁴~~12~~ (October 1944) of THE CHILD



UNITED STATES DEPARTMENT OF LABOR

FRANCES PERKINS, SECRETARY

CHILDREN'S BUREAU

KATHARINE F. LENROOT, CHIEF

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CHANGES IN VOLUME OF HEALTH AND WELFARE SERVICES 1940-1942¹

The changing pattern of health and welfare services during our transformation from a Nation at peace to one at war may be observed by comparing 1940 data with those for 1942 on the volume of selected services as reported to the Children's Bureau by more than 40 large urban areas participating in the Bureau's social-statistics project.² Reports are collected in this project for 21 types of service in the fields of child welfare, family welfare and relief, health, and group work, and for the social-service exchange. Table 1 shows the types of service in each field for which data are available and the number of areas and agencies reporting each type of service.

The figures reported by each area for each type of service except group work represent at least 80 percent of the total volume of such service provided in the area; in the group-work field the minimum requirement is 70 percent of the service rendered by private agencies. (Information on public recreation services is not obtained in this project.)

Data for 1942 were reported by 44 areas. These areas, identified by the name of the principal city in each, are listed on page 22, with the territory included in each area and its 1940 population.

Not all the 44 areas that reported for 1942 reported also for 1940. One area (Fort Worth), although it had been reporting in the field of child welfare for several years, reported for the first time in the other major fields in 1941. Another (Oklahoma City) reported for the first time in any of the fields in 1941.

Many of the services reported by the areas are provided both to residents of the area and

to nonresidents, who are not considered the responsibility of the local community. For these services, except hospital in-patient service and maternity-home care, the statistics reported are for services provided to residents only.

The data given in this report do not represent the total work of the reporting agencies but only the services rendered in connection with the major functions of the agency.

SUMMARY OF CHANGES

The combined reports of the areas show decreases between 1940 and 1942 in many of the selected types of service.³ (Fig. 1.) In general the services under public auspices decreased more markedly than those under private auspices.⁴ The experience of many of the individual areas, however, varied greatly from that of the areas combined because, in addition to Nation-wide forces, local conditions related to State and local organization for health and welfare services affected the volume of service rendered in each community.

The most marked changes occurred in the field of family welfare and relief. In this field the programs in which the demand for service is most directly related to economic need—public general relief and shelter care—showed the sharpest declines from 1940; the programs for special types of public assistance—aid to dependent children, old-age assistance, and aid to the blind—showed increases. In some areas the employment of women and older children in families that were receiving aid to dependent children resulted in sufficient family income to render them ineligible for this type of assistance. At

¹ Report prepared by Joseph L. Zarefsky, Chief, Social Statistics Section, Division of Statistical Research.

² An analysis of expenditures for health and welfare services in 30 urban areas in 1940 and 1942 is presented in Children's Bureau Publication No. 302, *Community Health and Welfare Expenditures in Wartime*, by Edward E. Schwartz and Eloise R. Sherman (Washington, 1944).

³ The 1940 average monthly figures for each type of service as reported by each area are given in appendix table 1; the percentage change from 1940 in each of these figures is given in appendix table 2.

⁴ In this report auspices are classified not by the source of the agency's funds but by the nature of the governing body responsible for policies and administration of the program.

TABLE 1.—NUMBER OF REPORTING AREAS AND AGENCIES, BY SELECTED TYPES OF SERVICE, 1942

Type of service	Areas—			Agencies reporting ^a
	Reporting service	Not reporting service	With no organized service	
Child welfare:				
Protective and foster care.....	37	7	-----	577
Day-nursery care.....	35	3	6	177
Maternity-home care.....	38	2	4	83
Family welfare and relief:				
Family welfare and relief, private agencies.....	42	2	-----	312
Public general relief.....	43	1	-----	101
Special types of public assistance:				
Aid to dependent children.....	43	1	-----	53
Old-age assistance.....	43	1	-----	50
Aid to the blind.....	42	2	-----	50
Service and relief to transients and travelers.....	36	4	4	46
Shelter care.....	33	8	3	127
Institutions for aged, chronically ill, and dependent adults.....	27	17	-----	201
Legal aid.....	27	6	11	28
Health:				
Hospital in-patient service.....	31	13	-----	457
Clinic, other than mental hygiene.....	37	7	-----	410
Mental-hygiene clinic.....	28	8	8	48
Medical service in patient's home and in doctor's office.....	29	14	1	70
School health programs, medical.....	36	6	2	88
Public-health nursing.....	38	6	-----	198
Medical-social service.....	24	11	9	107
Group work:				
Local group-work agencies.....	31	13	-----	316
Local groups organized under national programs.....	38	6	-----	111
Social-service exchange.....	42	2	-----	44

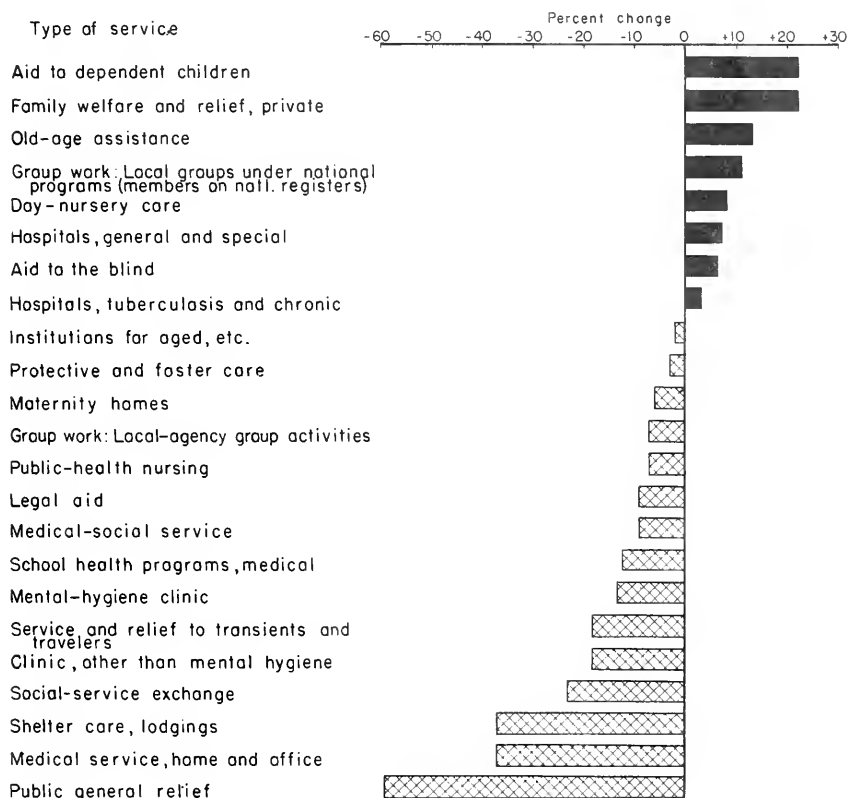
^aWhen a single agency in an area provides a separately organized service in two or more of the specified fields, it is counted in each field.

the same time, in some areas, available funds permitted liberalization of the eligibility requirements for the special-assistance programs and the standards of assistance.

Private family-welfare and relief agencies reported an increase in the number of cases served, although their programs of financial assistance contracted. The increase was due to the war-connected activities of American Red Cross chap-

ters, such as case-work service to members of the armed forces and their families and investigation of circumstances with regard to furloughs, discharges, and the granting of clemency. The travelers'-aid programs are known to have expanded, but the expansion is not apparent in the data reported to the Children's Bureau inasmuch as they do not include statistics on all the services.

FIG. I-CHANGE FROM 1940 TO 1942 IN AVERAGE MONTHLY FIGURES FOR SELECTED TYPES OF HEALTH AND WELFARE SERVICE; 43 URBAN AREAS



The volume of all types of health service, except hospital in-patient service, was smaller in 1942 than in 1940. The sharpest decrease was in medical service in the patient's home or the doctor's office. Public general and special hospitals reported decreases in admissions and in total patient-days; private general and special hospitals reported large increases. In the private hospitals a sharp decrease in free patient-days contrasts with the increase in total patient-days. This decline was undoubtedly due to the increased ability of patients to pay for hospital care, because of improved economic conditions and expansion of insurance plans for prepayment of the costs of such care.

Small decreases were reported in the volume of protective and foster care of children and of maternity-home care, although an increase was noted in the number of children receiving day-nursery care. The chief contrast between public- and private-agency services in the child-welfare field is in the number of children receiving care in foster-family homes—public agencies reporting an increase and private agencies a decrease.

Attendance at organized group activities conducted by local leisure-time agencies decreased, but membership in the national-program groups (Boy Scouts, Girl Scouts, and Camp Fire Girls) increased. The statistics reported do not include figures for most USO activities, which are an important part of the leisure-time programs of many urban communities.

The statistics for 1942 suggest that improved economic conditions have abated the need for some of the health and welfare services that in former years consumed a great proportion of the community-welfare dollar. Moreover, people have become better able to pay for some of these services. At the same time, changed conditions have increased the need for some services, such as day care of children of working mothers, services to travelers, and services for discharged veterans.

In the period of hectic change from 1940 to 1942 it has become increasingly difficult for health and welfare agencies to provide necessary service. Increases in the cost of food, equipment, and other supplies have necessitated increases

in agency budgets. In the face of the needs of the armed services, of national war-service programs, and of private industry it has been difficult to maintain adequate staff. Child-welfare agencies, especially in war production centers, have found it almost impossible to find enough foster-family homes because of the heavy migration to these centers and the consequent housing shortages. Potential foster families have been broken up by the employment of women and the induction of men into the armed forces. In view of these and other pressures communities are faced with the great necessity for careful planning of their health and welfare programs. Such statistics as are included in this report are one of the tools for such community planning.

CHILD WELFARE

Three types of service in the field of child welfare are reported: Protective and foster care of children (including institutional care of dependent children), day-nursery care, and maternity-home care. Other types of service directly affecting the welfare of children are classified in other fields, as follows: Aid to dependent children is included in the field of family welfare and relief; child-guidance services provided in mental-hygiene clinics, medical examinations of school children given as part of school health programs, and health services provided to children through medical conferences and public-health-nursing activities are included in the field of health; the services for children provided by group-work agencies, including kindergarten and nursery-school programs (as differentiated from day-nursery care) are classified as group work.⁵

For all the areas combined there was a slight decrease between 1940 and 1942 in protective and foster care and in maternity-home care, and an increase in day-nursery care.

Protective and foster care.

During 1942 the average number of children receiving protective and foster care on the last

⁵ Other services provided for children in the reporting areas, for which statistics are not reported to the Children's Bureau, include special types of care for physically and mentally handicapped children, care and treatment of delinquent children, visiting-teacher service, and nursery-school programs of public education departments.

TABLE 2.—CHILD WELFARE: AVERAGE NUMBER OF CHILDREN RECEIVING SELECTED TYPES OF SERVICE AT END OF MONTH, 1942, AND PERCENTAGE CHANGE FROM 1940, BY AGENCY AUSPICES; 43 URBAN AREAS

Type of service	Children receiving service, 1942				Percent change ^a from 1940		
	Total	Per cen	Under auspices		Total	Public	Private
			public	private			
Protective and foster care, total.....	92,443	100	32,797	59,646	-3	+4	-7
In parents' homes.....	29,133	32	7,641	21,492	-1	+10	-5
In relatives' homes.....	5,519	6	2,787	2,732	-3	-10	-13
In foster-family homes.....	33,345	36	19,005	14,340	-4	+3	-12
In institutions.....	24,446	26	3,364	21,082	-4	-4	-4
Day-nursery care.....	9,005	100	965	8,740	+8	+188	+5
Maternity-home care ^b	1,935	100	3	1,932	-6	(c)	-6

^aData for Oklahoma City not included in computation inasmuch as this area began reporting to the Children's Bureau in 1941.^bExcludes infants. ^cChange not computed, 1940 figure less than 50.

TABLE 3.—CHILD WELFARE: VARIATIONS IN PERCENTAGE CHANGE FROM 1940 TO 1942 IN AVERAGE NUMBER OF CHILDREN RECEIVING SELECTED TYPES OF SERVICE AT END OF MONTH; 43 URBAN AREAS

Type of service	Percent Change				Number of areas		
	To-total	Range		Showing—	For which change	Re-purting no change	Not re-organ-ized service
		From	To	Increase ^a	No change	Not organized service	
Protective and foster care, total.....	-3	+104 (Kansas City)	-17 (Cleveland)	12	24	-----	7
In parents' homes.....	-1	+778 (Kansas City)	-51 (Birmingham)	13	20	-----	7
In relatives' homes.....	-3	+100 (Duluth)	-31 (Syracuse)	13	15	-----	7
In foster-family homes.....	-4	+72 (Kansas City)	-18 (Cleveland)	15	18	-----	7
In institutions.....	-4	+27 (Denver)	-32 (Akron)	11	25	-----	7
Day-nursery care.....	+8	+45 (Minneapolis)	-27 (New Orleans)	20	10	-----	3
Maternity-home care.....	-6	+39 (St. Louis)	-29 (New Orleans)	4	10	-----	2

^aExclusive of areas for which 1940 figure is less than 50.^bChange not computed, 1940 figure less than 50.

day of the month was 92,443. (Table 2.) Of this number 38 percent received service in their own or relatives' homes, 36 percent in foster-family homes, and 26 percent in institutions for dependent and neglected children.

Nearly twice as many children received protective or foster care under private auspices as under public auspices. This ratio, however, is not indicative of the full contribution of public funds used for this type of service inasmuch as public funds represent a large proportion of the total expenditure by private agencies for this purpose. For example, in the 30 urban areas for which 1942 financial data are available through the social-statistics project, almost 46 percent of the total expenditures for protective and foster care of children was made from public—Federal, State, or local—funds. If institutional care of dependent and neglected children is omitted from the expenditure data this ratio is increased to 57 percent.

The majority of the children receiving service in foster-family homes were under the supervision of public agencies (57 percent). However, 86 percent of the children in institutions were under the supervision of private agencies, as were 70 percent of the children receiving service in their own or relatives' homes.

In 1942 the average number of children receiving protective or foster care was 3 percent lower than in 1940. The figures for public agencies showed a 4-percent increase, and those for private agencies a 7-percent decrease, the continuation of a trend that has been evident for several years. The combined reports—for both public and private agencies—of the 36 areas for which comparable data are available indicate decreases—1 to 4 percent—from 1940 in the number of children receiving this type of service in their own homes, in relatives' homes, in foster-family homes, and in institutions for dependent and neglected children. The reports for public agencies, however, show increases in the number of children under each type of care, except institutional care of dependent and neglected children. (Table 2.)

The statistics for individual areas show considerable variation from the trends shown in the combined data. (Appendix table 2.) Twelve areas reported increases from 1940 in the total number

of children receiving protective or foster care; 13, increases in children receiving such service in their own homes; 13, increases in children receiving such service in relatives' homes; 15, increases in foster-family care; and 11, increases in institutional care. (Table 3.)

In table 4 are presented the 1942 data showing for each of 37 areas the average number of children receiving service in foster-family homes at the end of the month. In 16 areas there were increases over 1940 in public-agency programs of foster-family care, ranging from 8 percent in Indianapolis and Milwaukee to 122 percent in Dallas.

San Francisco reported an increase of more than 100 percent in the number of children cared for in foster-family homes under public auspices. This increase resulted from a transfer to the public agency, in July 1941, of certain boarding-home cases previously carried by a private agency. San Francisco reported that there was no public program of foster-family care in the area either in 1940 or in 1942; yet the private agencies in this area reported a decrease of 12 percent in the number of children receiving service in foster-family homes. In Cincinnati a public foster-family-care program was initiated early in 1941.

Fourteen areas reported decreases from 1940 in public-agency services to children in foster-family homes, ranging from 2 percent in Buffalo, Denver, and Hartford to 27 percent in Dayton.

Private agencies in 9 areas reported increases in this type of care, ranging from 3 percent in Providence to 84 percent in Kansas City, Mo., and decreases in 24 areas, ranging from less than 1 percent in Dayton and Milwaukee to 49 percent in Baltimore. In Kansas City the large increase was due in part to a reorganization of a family and children's agency and the closing of two institutions for dependent and neglected children.

In only 5 areas did both public and private agencies report increases in foster-family care.

The decrease of 4 percent in institutional care of dependent and neglected children in all areas combined was the result of decreases in 25 areas, ranging from less than 1 percent in Baltimore to 32 percent in Akron, and increases

TABLE 4.—CHILD WELFARE: AVERAGE NUMBER OF CHILDREN
RECEIVING FOSTER-FAMILY CARE AT END OF MONTH, 1942, AND
PERCENTAGE CHANGE FROM 1940, BY AGENCY AUSPICES: 37 URBAN AREAS

Area	Children receiving foster-family care, 1942			Percent change from 1940		
	Total	Under public auspices	Under private auspices	Total	Public	Private
Total, 37 areas.....	33,345	19,005	14,340	-4	+3	-12
Chicago.....	5,101	1,557	3,544	-6	-3	-7
Los Angeles.....	2,189	1,319	870	-6	-6	-7
Pittsburgh.....	1,902	1,487	415	-17	-17	-14
Cleveland.....	2,672	2,004	668	-18	-21	-5
St. Louis.....	1,858	1,305	553	-3	-3	-4
Baltimore.....	1,094	493	601	-10	(b)	-49
Buffalo.....	1,695	1,354	341	-6	-2	-21
Milwaukee.....	789	223	566	+2	+8	(c)
Washington, D. C.....	1,233	1,086	147	-3	-5	+18
San Francisco.....	1,310		1,310	-12		-12
Cincinnati.....	898	330	568	0	(b)	-37
Houston.....	461	59	402	+24	+11	+26
Minneapolis.....	953	444	509	-1	+33	-19
New Orleans.....	234	145	89	+32	+69	-2
Atlanta.....	479	289	190	+25	+22	+29
Kansas City, Mo.....	520	217	303	+72	+57	+84
Indianapolis.....	1,367	1,058	269	-1	+8	-25
Birmingham.....	379	251	128	+10	+25	-10
Dallas.....	161	113	48	+58	+122	-6
Columbus.....	493	312	181	+1	+11	-12
Louisville.....	642	492	150	-15	-21	+13
Akron.....	326	161	165	+22	+36	+10
Denver.....	502	284	218	-7	-2	-13
St. Paul.....	1,166	710	456	+5	+20	-11
Dayton.....	391	162	229	-14	-27	(c)
Syracuse.....	612	478	134	-11	-8	-23
Richmond.....	381	197	184	+6	+31	-12
Providence.....	584	433	151	-5	-7	+3
Hartford.....	681	503	178	-11	-2	-29
Oklahoma City.....	90		90	(a)		(a)
Canton.....	547	303	244	+6	+115	-35
Fort Worth.....	11	1	10	(b)	(b)	(b)
New Haven.....	591	496	95	-12	-6	-32
Des Moines.....	212	62	150	+9	+9	+9
Wichita.....	136	9	127	+5	(b)	+7
Sioux City.....	57	24	33	(b)	(b)	(b)
Duluth.....	628	604	24	+44	+42	(b)

^a Data for Oklahoma City not included in computation inasmuch as this area began reporting to the Children's Bureau in 1941.

^b Change not computed, 1940 figure less than 50. ^c Decrease less than 0.5 percent.

in 11 areas, ranging from less than 1 percent in Milwaukee to 27 percent in Denver. Ten areas reported decreases of 10 percent or more and 4 reported increases of 10 percent or more.

Day-nursery care.

In 1942 the average number of children receiving day-nursery care on the last day of the month was 9,005 in 35 areas. (Table 2.) In the 34 areas for which 1940 and 1942 data are available, the statistics show an increase of 8 percent over 1940. These figures, however, do not represent the total number of children in the reporting areas receiving day-care services of all types. Because the primary emphasis of the WPA nursery schools and of those operated by public education departments was educational they are not included in the reports, although they fulfilled part of the day-care needs of many of the communities. Children receiving service in nursery schools attached to industrial facilities also are not included in these reports.

In spite of the continued emphasis throughout the country on the need for adequate day care of children of working mothers, 10 of the 34 areas reporting day-nursery care in both 1940 and 1942 reported decreases in volume of service (table 3), ranging from less than 1 percent in Newark to 27 percent in New Orleans. Six areas (Akron, Canton, Des Moines, Duluth, Grand Rapids, and Wilkes-Barre) reported that they had no organized day-nursery service, even though there was a marked increase in employment between the 2 years in four of these areas, with a probable attendant increase in the employment of women, as shown by the index of employment in manufacturing industries.⁶

In 20 areas there was an increase in the volume of day-nursery service, ranging from less than 1 percent in Providence to 45 percent in Minneapolis. In these communities various means were used to meet the need for day care of children, such as opening new facilities and adjusting the hours of existent facilities to meet the needs of employed women. Four areas (Cleveland, Fort

Worth, New Haven, and Springfield, Mass.) reported day-nursery care provided under public auspices in 1942 as compared with one (Fort Worth) in 1940.

Maternity-home care.

In 1942 the average number of women under care in maternity homes at the end of the month (38 areas) was 1,935. In the 37 areas for which 1940 and 1942 data are available the average number under care decreased 6 percent between these 2 years. (Table 2.) Twenty-one areas reported a monthly average in 1940 of less than 50 women under care. Of the 16 areas reporting more than 50 cases per month, 4 reported increases, ranging from 1 percent in Chicago to 39 percent in St. Louis, and 10 reported decreases, ranging from 1 percent in Minneapolis to 29 percent in New Orleans. (Table 3.)

FAMILY WELFARE AND RELIEF

The volume of service declined between 1940 and 1942 in five of the nine types of service classified under family welfare and relief. (Table 5.) The greatest decrease was reported for public general relief—a decrease of almost three-fifths of the service reported in 1940. WPA employment, for which statistics are not collected in this project, also dropped sharply between the 2 years. Substantial declines also were reported in shelter care (37 percent) and in service and relief to transients and travelers (18 percent). Smaller decreases occurred in legal aid and in institutional care of aged, chronically ill, and dependent adults. Increases occurred in the three special types of public assistance and in family-welfare and relief service by private agencies.

Family welfare and relief, private agencies.

The average monthly number of cases reported for 1942 by private family-service agencies (42 areas) was 89,649. The number of cases reported in the 40 areas for which 1940 and 1942 data are available increased 22 percent between these years. This increase was the result of the activities of the home-service departments of American Red Cross chapters in the reporting areas. In 1942 the cases reported by the home-service departments represented 44 percent of all private family-agency cases, a marked increase from the ratio of 12 percent in 1940. The effect

⁶ U. S. Department of Labor, Bureau of Labor Statistics: Indexes of Employment in Manufacturing Industries by Metropolitan Area. Washington, December 1941 and December 1942. Mimeographed. 4 pp. each. (Wilkes-Barre is not included in this series; Grand Rapids showed a decrease in employment.)

TABLE 5.-FAMILY WELFARE AND RELIEF: VARIATIONS IN PERCENTAGE CHANGE FROM 1940 TO 1942
IN AVERAGE MONTHLY FIGURES FOR SELECTED TYPES OF SERVICE; 42 URBAN AREAS

Type of service	Percent Change			Number of areas			
	To- tal	Range		Showing—		For which change com- puted ^b	Re- porting no organi- zed service
		From	To	In- crease ^a	De- crease ^a	No change	
Family welfare and relief.							
private agencies	+22	+195 (Birmingham)	-33 (Baltimore)	31	9	-----	2
Public general relief	-59	-9 (Louisville)	-82 (Akron)	-----	41	-----	1
Special types of public assistance:							
Aid to dependent children	+22	+874 (Dallas)	-39 (Baltimore)	21	19	1	1
Old-age assistance	+13	+218 (Atlanta)	-14 (Baltimore)	33	8	-----	1
Aid to the blind	+6	+122 (Atlanta)	-12 (Baltimore)	21	14	5	2
Service and relief to transients and travelers.	-18	+64 (Indianapolis)	-79 (Minneapolis)	11	20	3	4
Shelter care (lodgings) ..	-37	+19 (Baltimore)	-78 (Atlanta)	3	28	-----	8
Institutions for aged, etc.	-2	+91 (Akron)	-24 (Detroit)	11	14	-----	17
Legal aid	-9	+54 (New Orleans)	-36 (San Francisco)	7	17	3	6

^aExclusive of areas for which 1940 figure is less than 50.

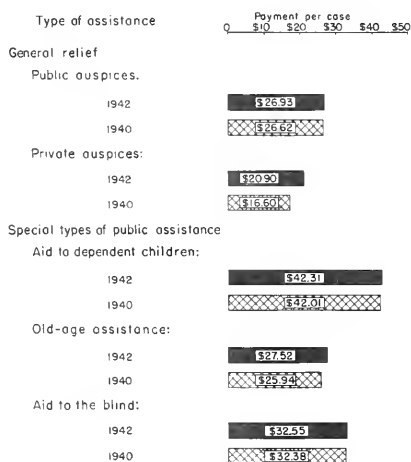
^bChange not computed, 1940 figure less than 50.

of the volume of service provided by the American Red Cross on the total volume of service provided by private family agencies is evident from the following data on average monthly case loads:

	1940	1942	Percent change 1940-42
All private family-welfare agencies (40 areas).....	71,979	87,879	+22
American Red Cross.....	8,993	38,598	+329
Other private family-welfare agencies.....	62,986	49,281	-22

In addition to the large increase in the total number of cases, a marked change in the types of cases reported by private family agencies also is evident. The number of cases receiving only social service increased 58 percent from 1940 to 1942, and the number of cases receiving financial assistance decreased 25 percent. However, the average monthly payment per case increased from \$16.60 in 1940 to \$20.90 in 1942. (Fig. 2.)

FIG. 2—AVERAGE MONTHLY PAYMENT PER CASE, 1940 AND 1942, BY TYPE OF ASSISTANCE: 41 URBAN AREAS



The average monthly number of cases served by private family-service agencies increased in 31 areas and decreased in 9 areas. The largest increase occurred in Birmingham and the largest decrease in Baltimore.

Public general relief.

The average monthly number of cases receiving general relief from public agencies in 41 areas for which 1940 and 1942 data are available dropped 59 percent—from 450,574 in 1940 to 186,003 in 1942. Inasmuch as the decrease in general relief expenditures was almost as great as that in the number of cases receiving assistance, the average monthly payment per case was only slightly higher in 1942—\$26.62 in 1940 and \$26.93 in 1942. (Fig. 2.) In view of the fact that the general-relief case load in 1942 included a larger proportion of single-person cases than 2 years earlier, the stability of the average monthly payment per case actually represents an increase in budgetary allowances directed toward more adequate grants.

Every area reported a decrease in the average monthly number of cases receiving public general relief, ranging from 9 percent in Louisville to 82 percent in Akron. Twenty-five areas reported decreases of 50 percent or more. The large decreases reported by Los Angeles and San Francisco (81 and 70 percent, respectively) are due to the discontinuance of the California general-relief program for employables in 1941. That the number of cases receiving public general relief and the expenditures for such relief do not completely indicate the need for assistance is evident from the information received from several of the areas. In Dallas, where the decrease was smaller than might be expected, the general-relief program was limited to unemployables. In Louisville expenditures for assistance increased in spite of the decline in case load because inadequate relief allowances were liberalized. The amount of decrease in New Orleans was affected by the failure of the State legislature to appropriate general relief funds for one quarter of 1942.

Special types of public assistance.

Comparable reports for 1940 and 1942 on aid to dependent children and old-age assistance are available for 41 areas, and on aid to the blind for 40 areas. The combined reports of the areas showed increases in the average monthly number of cases receiving such assistance as follows: Aid to dependent children, 22 percent; old-age assistance, 13 percent; and aid to the blind, 6 percent. These reports also showed increases

in the average monthly payment per case for each type of special assistance. (Fig. 2.)

The changes in the average monthly number of cases receiving aid to dependent children ranged from an increase of 874 percent in Dallas to a decrease of 39 percent in Baltimore. Particularly important are the increases in Chicago, Dallas, and Houston, coincident with the approval in 1941 of State plans for aid to dependent children under the Social Security Act in Illinois and Texas. The influence of the rapid expansion of the program in these two States may be observed in the following data on the average monthly number of cases receiving aid to dependent children:

	1940	1942	Percent change 1940-42
Total, 41 areas.....	57,616	70,461	+ 22
Chicago.....	1,746	11,306	+ 548
Dallas.....	91	886	+ 874
Houston.....	-----	643	----
38 areas.....	55,878	57,616	+ 3

Changes among individual areas in the number of cases receiving old-age assistance ranged from an increase of 218 percent in Atlanta to a decrease of 14 percent in Baltimore; and in the number of cases receiving aid to the blind, from an increase of 122 percent in Atlanta to a decrease of 12 percent in Baltimore.

The special types of public assistance were less affected by the improvement in economic conditions than were the general-relief programs. However, the peak in the number of cases receiving aid to dependent children in the country as a whole was reached in March 1942, and a downward trend to the end of 1942 is evident in the data. Women and older children have found employment because of the tight labor market, and in many instances the increased family income has resulted in the discontinuance of assistance. In the areas in which the program for aid to dependent children was established before employment and economic conditions improved, the case load was more affected by these conditions than in the areas having newly established programs. Similar changes, but to a lesser degree, may be noted in the old-age-assistance program. The aid-to-the-blind case load was least responsive to the economic changes taking place between 1940 and 1942.

Service and relief to transients and travelers.

Comparable reports for 1940 and 1942 from 34 areas indicate an 18-percent decrease in the average monthly number of cases receiving service under separately organized programs providing case-work service and relief to transients and travelers. In 1942, in these 34 areas a monthly average of 8,334 cases received this type of service as compared with 10,163 in 1940. Although most agencies rendering such service operate under private auspices—and usually they are affiliated with the National Travelers Aid Association—in five of the reporting areas public agencies also provide this type of service. The decrease in case load between the 2 years was much greater in the public agencies (69 percent) than in the private agencies (6 percent).

Slightly more than one-fourth of the cases received financial assistance in 1942, a decrease of 37 percent from 1940. The decrease in the monthly average number of cases receiving financial assistance was much sharper for the public agencies (73 percent) than for the private agencies (9 percent). The average monthly payment per case receiving financial assistance in 1942 was \$7.52; in 1940 it was \$13.02.

These data do not include all the services which are provided to transients and travelers; for example, information, direction, referral, and accommodation services. It is known, however, that the volume of these services has increased markedly with more people "on the move" than ever before. Furthermore, meals and lodgings provided to transients as a separately organized type of service are reported in the field of shelter care and not in this field.

Shelter care.⁷

Shelter care on a temporary basis for needy homeless and transients decreased with the improvement in economic conditions. In the 31 areas for which 1940 and 1942 data are available the monthly average number of meals provided declined 44 percent—from 1,091,672 in 1940 to 610,873 in 1942; and the monthly average number of lodgings provided dropped 37 percent—from 392,352 in 1940 to 247,904 in 1942.

⁷ Meals and lodgings provided by self-supporting agencies and commercial lodginghouses operated for persons of low income are not included in these data.

Since the liquidation of the Federal Transient Bureau in 1935, shelter-care programs have been provided predominantly by private agencies, and in 1942 approximately 76 percent of the shelter care provided in the reporting areas was rendered by these agencies. Moreover, the percentage decrease from 1940 to 1942 in the volume of service provided was much greater for public than for private agencies. The average monthly number of meals provided by public agencies declined 63 percent, compared with a decrease of 27 percent for private agencies. Similarly, the average monthly number of lodgings provided by public agencies dropped 65 percent, and the number provided by private agencies dropped 16 percent.

Institutions for aged, chronically ill, and dependent adults.

The number of adults receiving institutional care at the end of 1942 (26,779) was 5 percent less than at the end of 1940 (28,167). This decrease was the net effect of a 13-percent decrease in the number of persons receiving service under public auspices and an 8-percent increase in the number receiving care under private auspices. The average monthly number of days' care declined 2 percent in the 25 areas for which 1940 and 1942 data are available—from 916,454 in 1940 to 897,786 in 1942—public agencies reporting a 5-percent decrease and private agencies a 2-percent increase.

Legal aid.

The average monthly number of legal-aid cases opened decreased 9 percent—from 11,027 cases in 1940 to 10,073 cases in 1942. Both in 1940 and in 1942 seven-eighths of the legal-aid service in the reporting areas was provided by private agencies. This service is provided under public auspices in six areas—Columbus, Dallas, Des Moines, Hartford, Kansas City, Mo., and New Haven. The average number of cases opened by public agencies during the month declined 4 percent and the number opened by private agencies, 9 percent.

HEALTH

In terms of expenditures for health services in 30 urban areas in 1942 the programs in this field for which statistics on volume of service are available may be listed in the following order of importance: Hospital in-patient service;

clinic, other than mental hygiene; public-health nursing; school health programs; medical-social service; medical service in patient's home and in doctor's office; and mental-hygiene clinic.

The general picture of changes in health programs between 1940 and 1942 is that of an increase in hospital in-patient service and decreases of varying magnitudes in the other types of service. (Tables 6 and 7.) All the types of service included in this field were provided under both public and private auspices and in general the decreases in the average monthly volume of service in the various programs were more marked for public than for private agencies.

Although improved economic conditions were an important factor in the declines in the volume of the various health services, the withdrawal of medical and nursing personnel from civilian life also contributed to these declines.

The changes in the monthly averages for all the areas combined conceal important variations among the individual areas for all types of service in this field, especially in school health programs, public-health nursing, and medical-social service.

Hospital in-patient service.

For the purpose of this report hospital in-patient service⁸ has been classified in two groups, according to the type of hospital in which it is provided: (1) General and special and (2) tuberculosis and chronic illness. In 1942, 86 percent of the total in-patient service was rendered in general and special hospitals and 14 percent in tuberculosis hospitals and hospitals for the chronically ill. Public hospitals provided less than 30 percent of the total patient-days reported by general and special hospitals, and about 83 percent of the patient-days reported by hospitals for tuberculosis and for chronic illness. (Table 8.)

The upward trend in the volume of in-patient service in general and special hospitals noted in previous years continued through 1942. In the 29 areas for which 1940 and 1942 data are available the average monthly number of patient-days' care provided in these hospitals in 1942

⁸ Services provided by hospitals organized for profit, industrial hospitals, hospitals caring for the mentally ill, epileptic, feeble-minded, blind, or deaf, and veterans' hospitals are excluded from these data.

TABLE 6.—HEALTH: AVERAGE MONTHLY FIGURES FOR SELECTED TYPES OF SERVICE, 1942, AND PERCENTAGE CHANGE FROM 1940, BY AGENCY AUSPICES; 44 URBAN AREAS

Type of service	Volume of service, 1942			Percent change ^a from 1940		
	Total	Under public auspices	Under private auspices	Total	Public	Private
Hospital in-patient service (patient-days):						
General and special.....	2,269,481	643,511	1,625,970	+7	-10	+15
Tuberculosis and chronic.....	376,380	313,772	62,608	+3	+4	(b)
Medical service:						
Clinic, other than mental hygiene (visits ^c)..	1,048,920	637,465	411,455	-18	-18	-19
Mental-hygiene clinic (cases).....	4,669	1,010	3,659	-13	-25	-9
In patient's home or doctor's office (visits).....	64,574	57,971	6,603	-37	-38	-30
School health programs (examinations) ^d	76,261	75,535	726	-12	-11	-27
Public-health nursing (visits ^e).....	419,254	245,209	174,045	-7	-7	-7
Maternity service (visits).....	58,146	19,578	38,568	-6	-9	-4
Medical-social service (patients).....	36,284	12,214	24,070	-9	-21	-1

^a Data for Fort Worth and Oklahoma City not included in computation inasmuch as these areas began reporting to the Children's Bureau in 1941. ^b Increase less than 0.5 percent. ^c Does not include visits to separately organized mental-hygiene clinics. ^d Limited to separately organized school health programs. ^e Includes both field and office visits, except office visits provided in separately organized school health programs.

TABLE 7.—HEALTH: VARIATIONS IN PERCENTAGE CHANGE FROM 1940 TO 1942 IN AVERAGE MONTHLY FIGURES FOR SELECTED TYPES OF SERVICE; 42 URBAN AREAS

Type of service	To- tal	Percent change		Number of areas				
		Range		Showing—			For which change not com- puted ^b	Re- porting no organ- ized service
		From	To	In- crease ^a	De- crease ^a	No change		
Hospital in-patient service (patient-days):								
General and special....	+7	+37 (Canton)	-23 (New Orleans)	26	3	.....	.....	13
Tuberculosis and chronic....	+3 ^c	+571 (New Orleans)	-22 (Columbus)	14	14	.....	1	13
Medical service:								
Clinic, other than mental hygiene (visits ^d).....	-18	+19 (Cincinnati)	-43 (Springfield)	4	31	.....	.....	7
Mental-hygiene clinic (cases).....	-13	+9 (St. Louis)	-40 (New Haven)	5	16	.....	6	7
In patient's home or doctor's office (visits).....	-37	+20 (Baltimore)	-82 (Akron)	2	25	.....	1	14
School health programs (examinations) ^e	-12	+301 (Canton)	-88 (New Orleans)	8	23	1	1	2
Public-health nursing (visits ^f).....	-7	+46 (Akron)	-33 (Sioux City)	10	26	.....	.....	6
Maternity service (visits).....	-6	+49 (Cincinnati)	-50 (Sioux City)	10	26	.....	.....	6
Medical-social service (patients).....	-9	+90 (Atlanta)	-57 (Houston)	4	19	.....	1	7

^a Exclusive of areas for which 1940 figure is less than 50.

^b Change not computed, 1940 figure less than 50.

^c Large increase due to change in local reporting procedures.

^d Does not include visits to separately organized mental-hygiene clinics.

^e Limited to separately organized school health programs.

^f Includes both field and office visits, except office visits provided in separately organized school health programs.

(2,230,323) was 7 percent higher than the number in 1940 (2,092,996). This increase was the net effect of a 15-percent increase in the service rendered by private hospitals and a 10-percent decrease in that provided by public hospitals. Although total days' care increased in private hospitals, the free days' care provided in these hospitals decreased 24 percent while the free days' care provided in public hospitals decreased 14 percent. In 1940 free patient-days constituted 47 percent of the total patient-days in general and special hospitals; in 1942 this ratio had declined to 36 percent. The decrease in free care is further emphasized by the fact that in 30 areas in 1942, 70 percent of income for current expenditures of hospitals in this category was derived from patients' fees as compared with 63 percent in 1940. In tuberculosis hospitals and hospitals for chronic illness there was a slight increase in the number of free patient-days but a decrease in the ratio of free days' care to total days' care.

About one-third of total admissions (exclusive of births) to general and special hospitals in 1942 were accounted for by maternity cases and children under 14 years of age. In the 29 areas for which 1940 and 1942 data are available, total admissions increased 11 percent between these 2 years; admissions of maternity cases increased 40 percent and of children under 14 years of age, 3 percent. Decreases in total admissions to public hospitals were offset by increases in all types of admissions to private hospitals. The experience of the individual areas is indicated in table 9, which shows the number of maternity cases and of children under 14 years of age admitted and the number of live births reported by general and special hospitals in each area in 1942. Every area showed an increase over 1940 in the number of maternity cases admitted and in the number of live births reported. Admissions to tuberculosis hospitals and hospitals for chronic illness increased 13 percent between 1940 and 1942, the cumulative effect of an increase of 11 percent in admissions to public hospitals and of 22 percent in admissions to private hospitals. Clinic service (other than mental hygiene).

The average monthly number of visits to clinics (other than separately organized mental-hygiene

clinics) and to health conferences in 1942 was 1,030,812 in the 35 areas for which 1940 and 1942 data are available, a decrease of 18 percent between these 2 years. This decrease represents a continuation of the decline from the peak number of visits reported in 1939. Thirty-one areas reported decreases in the number of clinic visits from 1940 to 1942, and 4 areas reported increases. The greatest decrease was reported by Springfield, Mass. (43 percent) and the greatest increase by Cincinnati (19 percent). In the 35 areas combined visits to clinics and health conferences under public auspices decreased 18 percent and visits to those under private auspices, 19 percent.

Medical service in patient's home or doctor's office.

The sharpest decrease in health service was reported for medical care provided by health and welfare agencies in the patient's home or the doctor's office. In the 27 areas for which 1940 and 1942 data are available 62,569 visits were reported for this type of service in 1942—a decrease of 37 percent between the 2 years. Public and private agencies reported respective decreases of 38 percent and 30 percent in the number of these visits. In 1942 approximately seven-eighths of all the service in this category was rendered under public auspices. Every area but two (Baltimore and Kansas City, Mo.) reported a decrease in this type of service.

Public-health-nursing service.

The average monthly number of public-health-nursing visits (field or office) declined 7 percent in the 36 areas for which data for both years are available—from 445,348 in 1940 to 414,861 in 1942. More than half these visits were made under public auspices in 1942; the decline from 1940 was the cumulative effect of almost equal decreases in the volume of public and of private service. Private agencies reported slightly less than twice as many visits to maternity cases (38,568) than did public agencies (19,578) in 1942, and 22 percent of their total visits were maternity-case visits, compared with 8 percent for public agencies.

Of the 36 areas reporting public-health-nursing service in both years, 26 reported decreases,

TABLE 8.—HEALTH: AVERAGE MONTHLY FIGURES FOR IN-PATIENT SERVICE PROVIDED BY HOSPITALS
OF SPECIFIED TYPES, BY AUSPICES, 1942: 31 URBAN AREAS

Type of hospital and auspices	Number of hospitals	Admissions ^a	Patient-days		
			Total	Free to patient Number	Percent of total
General and special.....	400	170,543	2,269,481	818,495	36
Public.....	58	34,565	643,511	571,615	89
Private.....	342	135,978	1,625,970	246,880	15
Tuberculosis and chronic.....	57	1,344	376,380	327,390	87
Public.....	37	1,062	313,772	294,335	94
Private.....	20	282	62,608	33,055	53

^aExclusive of births.

TABLE 9.—HEALTH: AVERAGE MONTHLY NUMBER OF MATERNITY CASES
AND CHILDREN UNDER 14 YEARS OF AGE ADMITTED AND OF LIVE BIRTHS REPORTED,
GENERAL AND SPECIAL HOSPITALS, 1942, AND PERCENTAGE CHANGE FROM 1940; 31 URBAN AREAS

Area	Admissions		Live births	Percent change from 1940		
	Maternity cases	Children under 14 years of age		Admissions		Live births
				Maternity cases	Children under 14 years of age	
Total, 31 areas.....	31,778	26,965	29,013	^a + 40	^a + 3	^a + 41
Public auspices.....	4,937	5,738	4,041	+ 3	-16	+ 4
Private auspices.....	26,841	21,227	24,972	+ 50	+ 10	+ 50
Chicago.....	5,313	4,376	4,771	+ 41	-2	+ 42
Detroit.....	3,199	2,472	2,994	+ 52	+ 26	+ 50
Pittsburgh.....	2,260	1,890	2,080	+ 41	+ 12	+ 42
Cleveland.....	2,001	1,342	1,818	+ 46	+ 8	+ 45
St. Louis.....	1,683	1,336	1,509	+ 29	+ 1	+ 28
Baltimore.....	1,709	1,353	1,546	+ 44	-14	+ 45
Buffalo.....	1,270	976	1,189	+ 50	+ 10	+ 51
Milwaukee.....	1,216	1,259	1,165	+ 46	+ 1	+ 46
Washington, D. C.....	1,360	1,155	1,227	+ 41	+ 4	+ 37
San Francisco.....	984	1,013	900	+ 45	+ 18	+ 47
Cincinnati.....	1,105	1,155	1,027	+ 35	+ 9	+ 38
New Orleans.....	1,173	1,724	1,058	+ 18	-12	+ 28
Atlanta.....	827	431	738	+ 15	-3	+ 18
Kansas City, Mo.....	727	628	654	+ 34	-11	+ 30
Birmingham.....	451	537	399	+ 42	+ 21	+ 41
Dallas.....	625	512	561	+ 26	+ 6	+ 33
Columbus.....	589	398	559	+ 45	-8	+ 46
Akron.....	580	436	539	+ 62	-4	+ 60
St. Paul.....	585	680	541	+ 30	+ 1	+ 28
Dayton.....	591	320	554	+ 54	+ 18	+ 57
Syracuse.....	514	370	459	+ 39	-1	+ 40
Richmond.....	315	320	224	+ 61	+ 23	+ 68
Grand Rapids.....	374	278	346	+ 48	+ 5	+ 51
Oklahoma City.....	219	336	210	(a)	(a)	(a)
Canton.....	455	195	422	+ 70	+ 34	+ 69
Fort Worth.....	406	254	370	(a)	(a)	(a)
New Haven.....	409	242	394	+ 51	-5	+ 56
Wilkes-Barre.....	202	233	176	+ 8	+ 10	+ 13
Des Moines.....	260	293	239	- 21	(b)	+ 21
Sioux City.....	168	213	154	+ 27	+ 6	+ 26
Duluth.....	208	239	189	+ 25	+ 23	+ 26

^aData for Fort Worth and Oklahoma City not included in computation inasmuch as these areas began reporting to the Children's Bureau in 1941.

^bDecrease less than 0.5 percent.

ranging from less than 1 percent in Kansas City, Mo., to 33 percent in Sioux City; and 10 reported increases, ranging from less than 1 percent in Los Angeles and Springfield, Mass., to 46 percent in Akron.

Other health services.

Significant decreases between 1940 and 1942 also occurred in the other three types of service included in the health field—9 percent in the average monthly number of patients served by medical-social-service departments; 12 percent in the average monthly number of medical examinations under school health programs; and 13 percent in the average monthly number of cases served by mental-hygiene clinics. In 1942 two-thirds of the medical-social service reported was rendered by private agencies, and the volume of service provided by these agencies was approximately the same as in 1940; the number of patients served by public agencies declined 21 percent from 1940 to 1942. In 1942, 80 percent of the cases served by mental-hygiene clinics were reported by private agencies. The 13-percent decrease in this type of service from 1940 to 1942 was the cumulative effect of declines of 25 and 9 percent, respectively, in the volume of service provided by public and private agencies.

GROUP WORK

During 1942 attendance at organized group activities of private leisure-time agencies averaged 2,161,099 a month in the 29 areas for which 1940 and 1942 data are available, a drop of 7 percent between the 2 years. This was the net effect of increases in 11 areas, ranging from 2 percent in Hartford and in Wichita to 30 percent in Dallas, and of decreases in 18 areas, ranging from 1 percent in Kansas City, Mo., to 35 percent in St. Paul. At the same time attendance at regularly scheduled groups without definite enrollment increased 7 percent—from 706,163 a month in 1940 to 758,426 a month in 1942. Although the number of groups without definite enrollment decreased 5 percent between the 2 years, the number of sessions increased 11 percent. This indicates serious efforts by these agencies to meet the leisure-time needs of the population served.

In contrast with the decrease in attendance at group activities of these leisure-time agencies, the average end-of-the-month membership in the

national-program groups (Boy Scouts, Girl Scouts, and Camp Fire Girls) in the 36 areas reporting in both years increased 11 percent, from 308,417 in 1940 to 342,314 in 1942. In these groups the cumulative membership for the year increased 61 percent from 431,946 in 1940 to 695,272 in 1942. Twenty-nine areas reported increases from 1940 to 1942 in end-of-the-month membership, ranging from 4 percent in Denver and Indianapolis to 39 percent in Columbus; and 7 areas reported decreases, ranging from less than 1 percent in Pittsburgh to 26 percent in Providence.

SOCIAL-SERVICE EXCHANGE

The average monthly number of clearings by social-service exchanges decreased 23 percent—from 285,696 in 1940 to 219,298 in 1942 in the 40 areas reporting for both years. Exchanges in all but 3 of these 40 areas had fewer clearings in 1942 than in 1940. Increases in exchange clearings were reported in Pittsburgh, Kansas City, Mo., and Wilkes-Barre. All the exchanges for which data are included operated under private auspices except those in Detroit and St. Paul.

The decline from 1940 to 1942 is mainly the result of a sharp decrease in clearings for public agencies. Such clearings, which in 1940 amounted to 66 percent of all clearings, decreased by one-third and in 1942 constituted 57 percent of all clearings. Fewer clearings were made for the public agencies in 1942 than in 1940 in all the reporting areas except Pittsburgh, Wilkes-Barre, and Louisville. Clearings for private agencies declined 4 percent between the 2 years.

Complete interpretation of the relationship between social-service-exchange clearings and demands for service from community health and welfare agencies depends upon a full knowledge of the clearing policies of the individual agencies in each area. Such information is not available. When considered together with the reports of the operating agencies, however, the 23 percent decrease in clearings between the 2 years is an indication of a decrease in the intake activities of health and welfare agencies from 1940 to 1942.

APPENDIX TABLE 1.—AVERAGE MONTHLY FIGURES FOR SELECTED TYPES OF HEALTH AND WELFARE SERVICE AS REPORTED BY EACH OF 44 URBAN AREAS, 1942

Area ^a	Children under protective and foster care					Children on day-care	Moan under care	Family welfare and relief				Public assistance				Legal cases (opened)				
	In foster care		In day-care		Total			In foster care	In day-care	In foster care	In day-care	In foster care	In day-care	In foster care	In day-care					
	In partial family members	In full family members	In partial family members	In full family members													In partial family members	In full family members	In partial family members	In full family members
29,443	29,133	5,519	33,345	24,446	9,005	1,935	89,649	187,761	72,211	398,769	15,128	8,428	615,740	949,871	905,522	10,073				
All areas reporting, total.....	39,797	7,641	2,782	19,005	3,364	265	3	89,649	187,761	72,211	398,769	15,128	8,428	615,740	949,871	905,522	10,073			
Public agencies.....	59,646	21,492	2,732	14,340	21,082	8,740	1,932	89,649	187,761	72,211	398,769	15,128	8,428	615,740	949,871	905,522	10,073			
Private agencies.....	32,797	6,449	2,050	13,665	3,082	1,785	1	89,649	187,761	72,211	398,769	15,128	8,428	615,740	949,871	905,522	10,073			
Chicago.....	11,654	1,632	288	5,101	4,633	1,230	150	11,590	44,774	11,306	52,914	2,187	1,114	45,937	21,179	219,000	1,245			
Los Angeles.....	5,617	1,603	164	2,189	1,661	774	153	5,596	21,709	3,763	20,941	3,279	1,790	63,459	18,965	111,085	1,899			
Detroit.....	4,583	1,004	100	1,604	1,204	404	108	4,034	15,224	7,831	13,554	1,376	246	86,422	29,951	141,412	342			
Pittsburgh.....	6,957	3,126	457	1,902	1,472	115	89	4,034	15,224	7,831	13,554	1,376	246	86,422	29,951	141,412	342			
Cleveland.....	5,387	1,493	308	2,672	1,914	543	108	3,415	9,421	1,691	10,923	1,359	519	44,066	12,880	141,412	415			
St. Louis.....	3,833	539	124	1,858	1,312	473	79	3,927	4,708	3,018	15,238	581		59,840	18,970	141,412	510			
Baltimore.....	2,402	369	102	1,094	837	257	28	2,310	4,750	2,419	6,708	356	300	8,091	8,324	52,841	510			
Buffalo.....	4,453	1,357	372	1,695	1,229	62	91	1,805	5,901	910	4,742	139		42,967	21,231	50,575	384			
San Francisco.....	2,101	341	142	1,018	760	216	117	2,084	6,760	1,679	5,085	369	187	18,072	10,296	47,850	264			
Milwaukee.....	2,302	341	142	789	1,130	146	61	3,694	6,260	1,679	9,209	369	187	18,072	10,296	47,850	264			
Washington, D. C.....	2,629	278	247	1,233	871	222	82	2,441	1,006	1,084	3,510	284	679	6,551	5,537	70,942	210			
San Francisco.....	3,038	764	97	1,310	847	548	82	3,671	3,565	781	11,786	517	226	35,615	11,660	65,060	487			
Cincinnati.....	5,800	3,578	513	898	811	312	76	3,041	5,044	738	10,194	276	326	35,615	11,660	65,060	487			
Houston.....	1,131	283	95	461	292	68	23	1,752	1,212	643	8,580	209	146	3,954	1,157	5,045	153			
Minneapolis.....	4,103	2,739	266	983	148	94	85	1,651	4,546	1,269	11,962	241	163							
New Orleans.....	1,850	783	177	234	656	346	37	1,193	1,381	3,600	5,313	353	147	4,653	2,944	31,168	54			
Atlanta.....	2,616	86	3	579	688	415	33	1,403	2,022	696	6,482	255	178	3,011	897	11,492	234			
San Antonio.....	2,101	1,018	95	525	333	215	19	1,359	1,570	1,859	7,651	319	131	12,136	8,787	21,317	97			
Indianapolis.....	2,540	587	253	1,367	333	215	19	1,359	1,570	1,859	7,651	319	131	12,136	8,787	21,317	97			
Birmingham.....	717	78	45	379	215	212	30	774	784	1,244	2,036	91	300	3,774	1,507	7,134	17			
Newark.....	(d)	(d)	(d)	(d)	(d)	(d)	(d)	(d)	(d)	(d)	(d)	(d)	(d)	(d)	(d)	(d)	(d)			
Dallas.....	753	159	9	161	424	149	16	1,028	890	886	10,368	257	72	2,928	877	1,418	123			
Columbus.....	1,259	213	44	493	509	178	51	1,248	2,136	404	8,337	301	56	(d)	(d)	(d)	23			
Indianapolis.....	1,986	465	143	642	736	86	25	1,257	1,326	384	3,456	40	291	4,821	5,842	17,034	704			
Dayton.....	2,609	248	83	526	718	152	62	1,108	1,368	293	4,963	86	10	11,044	3,961	17,034	704			
St. Paul.....	2,714	1,229	183	1,166	138	183	73	2,086	2,908	649	4,971	131	138	(d)	(d)	(d)	30			
Dayton.....	1,059	260	83	391	325	66	3	826	1,222	369	5,861	124	55	11,373	4,735	29,370	238			
Syracuse.....	1,656	357	65	612	622	(d)	7	719	3,075	332	3,255	54	45	11,373	4,735	29,370	238			
Richmond.....	862	170	61	381	250	61	36	784	1,007	584	1,507	92	445	4,039	1,620	20,050	71			
Providence.....	2,801	1,707	210	584	300	325	13	980	2,035	512	3,135	42	139	13,009	4,702	16,400	71			
Hartford.....	1,384	376	81	681	296	(d)	13	868	(d)	334	2,920	54	35	(d)	(d)	(d)	165			
San Diego.....	1,384	376	81	681	296	(d)	13	868	(d)	334	2,920	54	35	(d)	(d)	(d)	165			
Grand Rapids.....	(d)	(d)	(d)	(d)	(d)	(d)	27	662	1,909	1,896	6,295	107	(f)	(f)	(f)	(f)	111			
Oklahoma City.....	487	92	23	90	282	227	42	814	1,101	1,186	5,833	152	21	1,900	859	3,664	(f)			
Canton.....	1,132	323	74	547	188	(f)	(f)	268	651	235	4,032	89	48	(f)	(f)	(f)	8,362			
Fort Worth.....	390	(f)	(f)	11	379	110	15	956	657	574	7,085	124	73	2,347	1,108	4,072	(f)			
New Haven.....	1,096	224	22	591	259	318	(f)	1,005	916	274	2,749	59	41	13,602	4,396	(d)	200			
Wilmington.....	(d)	(d)	(d)	(d)	(d)	(d)	(d)	2,216	1,833	2,422	390	41	6,022	2,877	(d)	(d)	10			
San Francisco.....	898	341	123	219	219	(f)	30	530	1,663	174	4,357	208	39	844	348	6,038	10			
San Francisco.....	(d)	(d)	(d)	(d)	(d)	(d)	(d)	591	930	201	2,933	(d)	117	(d)	(d)	(d)	235			
Springfield, Mass.....	336	48	20	136	132	135	65	28	465	1,756	695	2,163	92	18	7,320	2,905	3,784	(f)		
Sioux City.....	358	70	35	57	166	173	39	207	1,767	192	2,319	99	53	10,961	5,312	19,059	(f)			
Duluth.....	2,133	1,015	352	628	138	(f)	22	1,091	2,634	868	4,436	69	53	10,961	5,312	19,059	(f)			

See footnotes at end of table.

See footnotes at end of table.

(Continued)

APPENDIX TABLE 1.—AVERAGE MONTHLY FIGURES FOR SELECTED TYPES OF HEALTH AND WELFARE SERVICE AS REPORTED BY EACH OF 44 URBAN AREAS, 1942—Continued

Area ^a	Health										Group work		
	Hospital in-patient service					Medical service in—					Public health nursing (field service) (patients) (office visits) (national)	Attendance of local health agencies	Members of local health groups on national program (clearinghouse)
	Admissions	Patients-days	Free	Total	Free	Patients-days	Patients in office (visits)	Patients in office (visits)	Patients in office (visits)	Patients in office (visits)			
All areas reporting, total.	170,543	2,269,481	818,495	1,344	376,380	327,390	1,048,920	4,469	64,574	76,261	419,254	2,216,367	353,874
Public auspices.	34,565	643,511	271,615	1,062	313,772	294,335	637,465	1,010	57,971	75,535	245,209	12,214	24,948
Private auspices.	135,978	1,625,970	546,880	282	62,608	33,055	411,455	3,459	6,603	726	174,045	2,070	353,874
Chicago, Ill.	20,226	372,934	142,575	218	53,007	49,136	209,294	211	14,603	840	26,096	7,841	15,364
Los Angeles, Calif.	15,943	208,336	75,752	123	39,352	25,816	79,467	211	7,114	937	48,483	1,617	15,364
Pittsburgh, Pa.	11,411	175,427	48,113	60	17,822	16,203	40,101	277	11,083	1,144	138,795	25,690	13,374
Cleveland, Ohio	9,489	132,473	43,565	33	13,120	12,908	(d)	368	3,576	5,340	27,706	5,349	18,329
St. Louis, Mo.	10,222	154,953	64,343	54	25,332	22,277	61,381	305	1,079	5,746	15,870	2,451	16,025
Baltimore, Md.	8,632	149,891	60,560	136	53,642	44,525	(d)	553	1,837	6,917	15,539	5,223	11,800
Buffalo, N. Y.	6,069	90,914	26,324	33	12,951	11,758	22,711	941	1,322	6,117	11,611	1,818	14,649
Minneapolis, Minn.	6,953	77,787	20,954	60	20,584	15,114	25,702	148	4,956	6,775	32,569	(d)	12,816
Washington, D. C.	6,403	97,156	53,361	39	19,454	17,367	53,077	149	674	3,535	15,400	4,469	11,224
San Francisco, Calif.	7,296	101,520	34,313	32	11,310	7,488	45,405	(d)	2,125	2,964	12,861	154	9,560
Cincinnati, Ohio	6,023	79,620	25,867	178	32,987	24,684	37,144	237	2,219	4,540	13,468	115	6,464
Houston, Tex.	(d)	(d)	(d)	(d)	(d)	(d)	30,220	157	321	2,962	6,307	239	11,766
Minneapolis, Minn.	(d)	(d)	(d)	(d)	(d)	(d)	13,071	157	420	1,614	10,342	(d)	10,895
New Orleans, La.	7,608	83,935	51,554	111	10,607	10,607	51,451	127	69	3,295	8,135	552	35,339
St. Paul, Minn.	4,483	58,252	22,226	22	6,169	6,169	16,985	59	2,975	1,250	9,815	368	7,725
Kansas City, Mo.	(d)	(d)	(d)	(d)	(d)	(d)	15,000	(d)	1,433	2,019	9,819	(d)	8,417
Indianapolis, Ind.	(d)	(d)	(d)	(d)	(d)	(d)	18,379	(d)	(d)	965	4,986	1,050	10,895
Birmingham, Ala.	2,966	27,817	10,977	25	3,218	2,599	(d)	(d)	(d)	5,710	10,380	(d)	8,713
Newark, N. J.	(d)	(d)	(d)	(d)	(d)	(d)	(d)	(d)	(d)	12,321	(d)	(d)	3,236
Dallas, Tex.	3,667	40,598	17,555	18	3,413	3,413	23,887	136	653	1,158	12,321	(d)	4,395
Columbus, Ohio	3,123	40,185	7,953	29	7,846	6,860	15,204	(d)	883	1,775	7,743	(d)	5,214
St. Louis, Mo.	2,495	25,946	1,967	16	4,924	3,889	7,045	68	368	1,193	13,722	282	7,148
Akron, Ohio	(d)	(d)	(d)	(d)	(d)	(d)	(d)	(d)	(d)	1,075	14,501	(d)	5,008
Denver, Colo.	(d)	(d)	(d)	(d)	(d)	(d)	12,063	200	1,764	2,075	6,787	657	5,008
St. Paul, Minn.	3,647	53,425	22,077	2	2,386	2,211	10,850	152	1,163	287	6,785	(d)	8,223
Dayton, Ohio	2,350	29,678	8,179	13	3,074	3,074	(d)	70	(d)	1,578	7,603	(d)	11,574
Syracuse, N. Y.	2,470	30,772	5,418	25	7,288	6,922	7,703	126	999	2,734	7,703	435	1,820
Richmond, Va.	1,439	26,116	16,480	17	6,028	5,585	12,852	229	(d)	1,260	7,474	379	3,485
Providence, R. I.	(d)	(d)	(d)	(d)	(d)	(d)	12,811	46	(d)	1,648	11,108	(d)	4,022
Portland, Me.	(d)	(d)	(d)	(d)	(d)	(d)	12,811	116	(d)	3,067	11,108	(d)	3,371
San Francisco, Calif.	(d)	(d)	(d)	(d)	(d)	(d)	9,400	(d)	(d)	(d)	5,009	(d)	2,163
Grand Rapids, Mich.	1,666	22,179	5,426	12	3,389	3,324	3,188	36	(d)	(d)	254	(d)	6,251
Okla. City, Okla.	1,398	21,808	10,767	9	1,497	1,497	4,089	52	1,461	842	1,991	(d)	4,663
Canton, Mass.	1,659	17,438	1,030	16	4,990	3,345	1,100	(d)	(d)	971	4,189	(d)	8,475
Fort Worth, Tex.	1,995	17,350	5,026	4	1,757	1,757	14,019	(d)	544	37	2,802	(d)	1,155
New Haven, Conn.	2,207	29,386	4,654	(b)	1,757	1,757	9,104	152	(d)	420	11,806	239	3,085
St. Paul, Minn.	1,163	13,681	3,112	8	1,163	1,163	14,019	(d)	(d)	420	11,806	239	2,135
Des Moines, Iowa	1,052	11,013	3,016	7	1,625	1,395	4,754	55	113	996	3,337	(d)	4,422
Springfield, Mass.	(d)	(d)	(d)	(d)	(d)	(d)	2,455	110	(d)	1,806	5,508	136	2,638
Wichita, Kan.	(d)	(d)	(d)	(d)	(d)	(d)	4,468	(d)	(d)	118	758	(d)	4,607
Sioux City, Iowa	1,279	11,843	842	6	2,162	2,162	1,631	(d)	851	12	1,786	(d)	1,622
Duluth, Minn.	1,501	15,916	2,635	23	7,561	6,807	(d)	37	(d)	457	1,071	36	1,425

^aThe areas are identified by the principal city in each and are listed in descending order according to the 1940 population of the areas. Excludes births.

^bIncludes Boy Scouts, Girl Scouts, and Camp Fire Girls. Areas did not report this type of service. Data not available for 1940. No organized service in this field.

^cExcludes for area not available. (Exchange has expanded to provide State-wide service; the average monthly number of cleanings on this basis in 1942 was 4,964.)

^dTuberculosis Hospital was closed June 1940.

THE 44 URBAN AREAS PARTICIPATING IN THE SOCIAL-STATISTICS PROJECT, 1942

Principal city in area	1940 population of area	Reporting area ¹ includes—
Chicago.....	4,063,342	Cook County
Los Angeles.....	2,785,643	Los Angeles County
Detroit.....	2,015,623	Wayne County
Pittsburgh.....	1,411,539	Allegheny County
Cleveland.....	1,217,250	Cuyahoga County
St. Louis.....	1,090,278	City, and St. Louis County
Baltimore.....	859,100	City
Buffalo.....	798,377	Erie County
Boston.....	770,816	City
Milwaukee.....	766,885	Milwaukee County
Washington, D. C.....	663,091	City
San Francisco.....	634,536	City (coterminous with San Francisco County)
Cincinnati.....	621,987	Hamilton County
Houston.....	528,961	Harris County
Minneapolis.....	498,225	City, and village of Edina; but for the special types of public assistance the territory includes Hennepin County with a population of 568,899
New Orleans.....	494,537	City (coterminous with Orleans Parish)
Atlanta.....	479,828	DeKalb and Fulton counties
Kansas City, Mo.....	477,828	Jackson County
Indianapolis.....	460,926	Marion County
Birmingham.....	459,930	Jefferson County
Newark.....	429,760	City
Dallas.....	398,564	Dallas County
Columbus.....	398,712	Franklin County
Louisville.....	385,392	Jefferson County
Akron.....	339,405	Summit County
Denver.....	322,412	City (coterminous with Denver County)
St. Paul.....	309,935	Ramsey County
Dayton.....	295,480	Montgomery County
Richmond.....	266,185	City, and Chesterfield and Henrico counties
Providence.....	253,504	City
Hartford.....	248,128	City, and towns of Bloomfield, East Hartford, Newington, West Hartford, Wethersfield, and Windsor
Omaha.....	247,562	Douglas County
Grand Rapids.....	246,338	Kent County
Oklahoma City.....	244,159	Oklahoma County
Canton.....	234,887	Stark County
Fort Worth.....	225,521	Tarrant County
New Haven.....	223,093	City, and towns of East Haven, Hamden, and West Haven
Wilkes-Barre.....	221,687	City, and townships of Dallas, Hanover, Kingston, Plains, and Wilkes-Barre, and boroughs of Ashley, Courtdale, Dallas, Edwardsville, Forty Fort, Kingston, Larksville, Luzerne, Plymouth, Pringle, Sugar Notch, Swoyerville, and Warrior Run
Syracuse.....	295,108	Onondaga County
Des Moines.....	195,835	Polk County
Springfield, Mass.....	175,892	City, and towns of East Longmeadow, Longmeadow, and West Springfield
Wichita.....	143,311	Sedgwick County
Sioux City.....	103,627	Woodbury County
Duluth.....	101,065	City; but for public general relief, the three special types of public assistance, protective and foster care, and maternity-home care the territory includes St. Louis County with a population of 206,917

¹ The territory included in each reporting area was determined locally; it usually coincides with the area served by the local council of social agencies or the community chest.

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UNITED STATES
DEPARTMENT OF LABOR
CHILDREN'S BUREAU



The Rural Child and the Children's Bureau¹

BY KATHARINE F. LENROOT

Chief, U. S. Children's Bureau

The Children's Bureau was created by Act of Congress in 1912, which directed it to "investigate and report upon all matters pertaining to the welfare of children and child life among all classes of our people." In the words of one of the advocates of the creation of the Bureau, Dr. Samuel McCune Lindsay of Columbia University:

"We want a place where the common man can go and get this information, a place that he will think of, the label upon which will be written so large that he can have no doubt in his mind as to where to go to get information relating to the children of the country."

Fact-finding functions have led inevitably to work in the development of standards and to advisory and consultation services. In fact, Julia C. Lathrop, its first Chief, in her first annual report, defined the "final purpose of the Bureau" as being "to serve all children, to try to work out the standards of care and protection which shall give to every child his fair chance in the world."

To these functions have been added the administration of grants to the States for maternal and child-health services, including the programs of emergency maternal and infant care for the wives of men in the four lowest pay grades of the armed forces and of aviation cadets; services to crippled children; and child-welfare services for the protection and care of dependent and neglected children and children in danger of becoming delinquent. Responsibility for enforcement of the child-labor provisions of the Fair Labor Standards Act is also placed in the Children's Bureau.

The early program of the Children's Bureau included studies of maternal and child care in the mountain areas of the South and the West, studies of nutrition of children in a mountain county of Kentucky, and a study of juvenile delinquency in rural New York. In the past 25 years the Children's Bureau has made many studies of child

labor and the welfare of children in the families of farm laborers, particularly agricultural migrants. Grants to the States under title V of the Social Security Act in accordance with specific statutory language are directed especially toward children in rural areas. Under these provisions, prenatal and child-health conferences, public-health-nursing service, diagnostic and other services for crippled children, and child-welfare services have been developed in hundreds of rural counties. Administrative activities under the child-labor provisions of the Fair Labor Standards Act take the Children's Bureau into canneries and packing sheds and into farms where products are raised for interstate commerce, though the jurisdiction conferred in the act over child labor in agriculture is exceedingly limited.²

Special wartime activities of the Children's Bureau have included the development, in cooperation with the Department of Agriculture, the Office of Education, and other agencies, of guides and standards for the employment of young workers in wartime agriculture, and advisory service in stimulating State and local activities for safeguarding agricultural employment of children. This work has included standards for agricultural camps for young workers and studies of conditions under which children in migratory families live and work.

The Children's Bureau's interest in developing State-wide and Nation-wide services for maternal and child health, child welfare, and the safeguarding of juvenile employment, has special meaning for children in rural areas, who as a rule can have the benefit of such services only if the State participates in their development and financing.

Through assistance in planning and conducting the decennial White House Conference on Children, the last one held in 1940, and through its relationships with national organizations concerned with rural life and with the welfare of

¹ Address before Second General Session of White House Conference on Rural Education, The White House, Washington, D. C. October 4, 1944.

² The minimum-age standards of the act apply to children employed in agriculture only during such periods as they are required by State law to attend school.

children wherever they may live, the Children's Bureau shares with many other groups responsibility for the development of goals and standards and of plans of action.

Next to the home, the school is the most important agency shaping the life of the child. Concern with school-attendance laws and their enforcement, and with the accessibility and character of educational opportunity, is a necessary corollary to the efforts of the Children's Bureau to eliminate child labor and to safeguard youth employment. The Children's Bureau and the Office of Education have joined this fall in a Nation-wide Go-To-School Drive, which has the endorsement of the War Manpower Commission and the cooperation of the Office of War Information, and which has attracted widespread attention. Extension and improvement of the public schools are necessary parts of plans for the return to school of young workers in the period of reconversion.

Who are the rural children with whose welfare the Children's Bureau and other agencies represented in this conference are concerned? Fifty-one percent of the 36 million children under the age of 16 years in continental United States live in rural areas, according to the Final Report of the White House Conference on Children in a Democracy.³ Farmers and farm laborers have larger families than city workers.

Thirty-four percent of the farm population but only 23 percent of the urban population are under the age of 16 years. This majority of the children of the Nation living in rural areas have far less than a majority of the resources of the Nation for health, education, and home life at their disposal.

Available income data, for example, those reported by the National Resources Committee in "Consumer Incomes in the United States, their distribution in 1935-36," indicate that the average family income and per capita income are lower in rural than in urban areas. The Final Report of the White House Conference shows that generally a relatively high proportion of children in the population coincides with a low per capita income. For example, the predominantly rural Southeast, the poorest region in the country, has about 12 percent of the national income and 25 percent of the children under 20 years of age.

Infant and maternal mortality rates have been consistently higher for rural than for urban areas.⁴ In 1942 the infant mortality rate was 44 deaths per 1,000 live births in rural areas and 37 in

urban areas. The maternal mortality rate was 35 per 10,000 live births in rural and 28 in urban areas. Infant and maternal mortality have been greatly reduced since 1915—the infant mortality rate for rural areas has been cut 53 percent and the maternal mortality rate, 36 percent. While these reduction are impressive, progress in saving the lives of mothers and babies has not been so rapid in rural as in urban areas. One outstanding factor in the higher mortality rates in rural areas is the smaller proportion of births attended by physicians in hospitals. In 1940 only 37 percent of the births in rural areas were attended by physicians in hospitals as compared with 81 percent in urban areas. A most encouraging recent development has been a pronounced increase from 1940 to 1942 in the proportion of hospital births for rural mothers. In 1942, 50 percent of all births to mothers living in rural areas were attended by physicians in hospitals, an increase of 36 percent over 1940.

The improvement of the health of mothers and children, as well as the further reduction of mortality, is partly dependent on the extension of public-health facilities for this vulnerable section of the population. In 1942, 76 percent of the rural counties of the United States had no regular monthly prenatal clinics under the supervision of a State health agency. No provisions for regular monthly child-health conferences under the supervision of a State health agency existed in 69 percent of the counties.

Child-welfare workers paid in whole or in part from Federal funds under title V of the Social Security Act provided service to children in more than 400 counties (predominantly rural areas) in 1944. On May 31, 1944, approximately 44,000 children were receiving child-welfare service, of whom 67 percent were receiving service in their own or relatives' homes.

Data from a sample study of children 14 through 17, made by the Current Surveys Section of the Census Bureau in April 1944 indicate that a greater proportion of children living on farms than of nonfarm children are at work. Likewise, a greater proportion of farm children than of nonfarm children are not attending school. Of approximately 2,150,000 farm children 14 through 17 years of age, 40 percent were at work and 60 percent were not working. Of an estimated 7,000,000 nonfarm children 29 percent were working and 71 percent were not working. Including all children of the ages working or not working, 33 percent of the farm children were out of school as compared to 17 percent of the nonfarm children. The disparity between farm and nonfarm children is particularly marked in the 14- to 15-year-old group, in which 18 percent of the farm children

³ Data in Chapter II of the White House Conference Final Report are chiefly from the 1940 Population Census, in which a rural area is defined as a place having less than 2,500 population.

⁴ Certain vital-statistics data are available on the basis of rural areas defined as places having less than 2,500 population; but in order to make possible comparisons over a period of years, the vital-statistics figures in this paper are based on rural areas defined as places having less than 10,000 population.

were not attending school as compared to 4 percent of the nonfarm children. Most farm children's work is, of course, unpaid family work.

The volume of agricultural employment of children has increased greatly as a result of the war and the consequent increased demand for agricultural products, and the acute manpower shortage.

The experience of the Children's Bureau in enforcing the Fair Labor Standards Act has revealed substantial numbers of employed children 8, 9, and 10 years old, and other violations of child-labor laws and standards in industries relating to agriculture—such as the processing of food products—which involve chiefly children living in rural areas.

Inadequate school facilities are a corollary to agricultural child labor. School terms in many rural areas are short, and are interrupted to allow children to work on the crops. As a rule, school buildings and equipment are inferior, teachers' salaries are low, and opportunities for high-school education are far less, in most sections of the country, for the rural child as compared with the city child. True, progress has been made in consolidation of school districts and attendance units and in development of rural high schools, but far more remains to be accomplished if the rural child is to have educational opportunity commensurate with that afforded the child in the city. Opportunities for recreation and the development of cultural interests also are limited for rural youth.

The Final Report of the White House Conference on Children in a Democracy pointed out that farming and migration have gone hand in hand in this country since its early settlement. In recent years agricultural migration has been usually an escape from intolerable conditions, rather than a movement toward something that offered hope and opportunity. Large-scale agricultural operations have, in the words of the White House Conference, "converted part of agriculture into an intensely seasonal occupation requiring concentration of large numbers of workers at given places for brief periods and offering practically no work for the rest of the year."⁵ Before the war it was estimated that there were 350,000 agricultural interstate migrants at any one time, and that as many as 1,000,000 in a year went from State to State for seasonal employment. These migratory families are large, as a rule—36 percent of the 24,485 persons in 6,655 such families studied in California were under the age of 15 years. The parents in such families are usually people with little or no education, who know no other kind of work than farm work and are forced by economic necessity to follow the crops. Farm wages are

comparatively low, and so much time is lost between jobs that the families cannot get ahead financially. Such figures as are available indicate that the number of migratory families is larger this year than in 1943.

Although the War Food Administration for the last two seasons has been routing adult foreign workers to insure the steady employment which is guaranteed under contracts made for them by their governments, our own migrant workers have no Government agency routing them to insure full employment. Often these family migrants are put out of farm labor camps where living conditions and sanitary facilities are good, in order that the foreign workers may have the type of shelter guaranteed by their contracts. Thus the children of our migrants are subjected to crowded, insanitary living conditions, as well as inadequate family income. When sickness and disease result they have less easy access to health and medical services than do the foreign workers. With the end of the war the Office of Labor of the War Food Administration will probably cease to exist. Plans should be made now to improve the conditions of migratory agricultural workers and their families and to insure standards at least as good as those under which foreign agricultural workers have made their contribution to the war effort.

Visits this summer by a member of the staff of the Children's Bureau to farmers' camps for family migrants in one of the wealthiest States, where there were said to be 10,000 family migrants, revealed that practically all the evils described in the Tolan Committee reports⁶ still exist. Conditions are as bad or worse in many other States, as revealed by Children's Bureau studies published just before the war. In the areas visited this summer, child labor was prevalent. All the children 10 years of age or over had to go to the fields each day for a 10-hour day to pick beans. Many of the children 7, 8, and 9 years of age did likewise, and even in camps where there were child-care centers children 5 and 6 years old were sometimes made to go to the fields and pick into the family basket.

In most of these camps the migrant families lived in shacks or lean-to's which were crowded and unscreened. Because there was no refrigeration, food was left on the tables with flies swarming about it from one meal's end to the next. In some camps wages were withheld until the end of the season, and food was charged at a camp store. There were no facilities for bathing or washing clothes. Some of these camps were occupied by southern migrant families, and many of their chil-

⁵ White House Conference on Children in a Democracy, Final Report, p. 40.

⁶ House Report No. 369—Report of the Select Committee to Investigate the Interstate Migration of Destitute Citizens, House of Representatives, pursuant to H. Res. 63, H. Res. 491, and H. Res. 629 (76th Congress) and H. Res. 16 (77th Congress), Washington, 1941.

dren never had an opportunity to learn to read and write, because in the section of the South from which they came the schools had been closed for several months for the peak harvest season there, and they arrived in the North in June when schools were closing for the summer vacation. Even if admitted for tag ends of school terms in either State, they were able to make little progress toward getting an education.

Rural children who belong to racial or other minority groups suffer from social discrimination and disadvantages, in addition to the general deprivations which are characteristic of life in the poorest rural areas and for migratory workers.

The problem of the rural child is first, one of family economics, and second, one of community resources. Under the former heading are measures for extending labor standards and social-security measures to farm workers, and for promoting rural housing and enforcing housing and sanitary regulations, especially with reference to migratory families. The progress that has been made in maintaining good standards in camps for young agricultural workers gives reason to hope that the housing problems of migrant families are not insoluble.

The factors that make it difficult for rural communities to provide good schools also limit their ability to provide good health and social services. Farming areas and small towns usually have a higher ratio of children to adults than cities. In the rural farm population of the Southeastern States there were in 1940⁷ nearly twice as many

children 5 to 19 years of age for each 1,000 adults as in the cities of the same region. There is also a great variation in per capita wealth, in favor of the cities. In other words, the rural population has more children to serve, in proportion to adults, than the cities, and far less in per capita wealth.

The only way by which deficiencies in health protection, medical care, and social services can be overcome in this country in the degree necessary for national security, as well as assurance of opportunity for individual development, is through Federal-aid measures for (1) health protection and medical care in maternity and through childhood and adolescence, sufficient to assure access to good medical and hospital care for ill mothers and children, (2) Federal aid for elementary and secondary education; and (3) extension of social insurance, public assistance, and child-welfare services so as to reach with qualified workers and adequate benefits or aid every family or child needing help or guidance in every county or other political subdivision in the United States. In the opinion of the Children's Bureau, Federal aid for vocational education should be related to a general Federal-aid program, whose most important features would be assistance in assuring a reasonable minimum of educational opportunity for every child from nursery school or kindergarten through high school.

Federal aid for health, education, and economic and social welfare should be administered in accordance with the principle of equal opportunity for children of all races and nationalities. Only on such foundations can we carry forward a democratic civilization.

⁷ National Education Association: *Research Bulletin*, Vol. XX., No. 4 (September 1942), p. 131. *Federal Aid for Education, A Review of Pertinent Facts*.

A limited supply of reprints of this article will be available from the Children's Bureau, Washington 25, D. C.

Needs of Rural Children Stressed at White House Conference on Rural Education

That every American child, whether living in the country or the city, deserves equal educational opportunities and that action should be taken to provide such opportunities was agreed by the 200 members of the White House Conference on Rural Education, which was held October 3 to 5, 1944, at the White House. The conference was called by three divisions of the National Educational Association; namely, rural service, legislative and Federal relations, and field service, with Charl Ormond Williams, the association's director of field service, as executive chairman.

Inequalities under which rural schools struggle were pointed out by Howard A. Dawson, Director

of Rural Service, National Education Association. "It can be categorically stated," said Dr. Dawson, "that many of the best and most of the poorest schools in the Nation are found in our rural areas. When, however, rural schools as a class are compared with urban schools as a class it is an inescapable conclusion that millions of rural children are seriously handicapped in the educational opportunities available to them." Admitting that some of the trouble is in an acute stage at this time as a result of war conditions, Dr. Dawson reminded the delegates that in times of stress and strain the rural schools are always the first to suffer. "Fundamentally," he said, "the reason is

that there are weaknesses in the structure of rural education that are chronic."

Several million children, said Dr. Dawson, are attending school in mere shacks, using a few worn-out, dirty textbooks, taught by teachers who have not so much as completed a high-school education, and often no more than the eighth grade, without the aid of modern instructional materials and without the assistance of competent and sympathetic supervision. In one State there are nearly 1,500 schools without a building; the classes are carried on in abandoned tenant houses, in country churches, and under brush arbors.

Dr. Dawson pointed out that the rural schools have suffered most from the wartime loss of teachers. City school systems, he said, have managed to maintain their staffs by recruiting the best teachers from rural areas, so that the country schools, which have never had a sufficient number of well-trained teachers, are bearing the brunt of the current crisis.

Thus, he said, we find educational opportunity being drastically curtailed for the children who live on farms or in towns of less than 2,500 population. This is happening at a time when the expansion of educational facilities is urgently needed so that young people may secure the foundations of a broad education that will prepare them to understand and defend democracy, to work efficiently in war industry, to increase food production, to fight through to victory, to furnish leadership and cooperation in the reconstruction period, and to succeed in the highly competitive labor market of the post-war years.

Dr. Dawson went on to say that nearly all the troubles in rural education can be allayed if proper attention is given to the following problems: (1) The character and scope of education in rural areas, (2) the equalization of educational opportunities, especially for children of minority racial groups, children in areas of low economic resources, and children who are physically handicapped, (3) the teaching personnel, (4) instructional materials, educational equipment, and the school plant, (5) the organization of local units of school administration and attendance, (6) financing of rural schools.

Katharine F. Lenroot, Chief of the Children's Bureau, told the conference that the majority of the children of the Nation live in rural areas, and they have at their disposal far less than a majority of the resources of the Nation for health, education, and home life. Miss Lenroot's speech is given in full in this issue of *THE CHILD*. (See p. 66.)

Summarizing the findings of the conference, Ralph B. Jones, Arkansas State Commissioner of Education, said that the conference had found

there should be a complete program of educational opportunities to supply the needs of every rural child, beginning with kindergarten and extending through at least the twelfth school year. The salaries of rural teachers, he said, must be made commensurate with income requirements of persons of the cultural and social status that educated teachers should be expected to maintain. In most States there should be a fundamental reorganization of local administrative units for schools to make them sufficiently large to afford educational opportunities through high school and to make available the administrative and specialized services required for a satisfactory educational program. Much of the leadership for rural education should come from State departments of education. The rural services of the United States Office of Education should be greatly enlarged. An extensive program of rehousing rural schools is needed.

Financial support for adequate educational opportunities for rural children and youth, the summary stated, should come primarily from State funds, apportioned to school units in such ways as to guarantee, when supplemented by local taxes, an acceptable-standards school available to every child. Federal aid to the States to assist them in the financing of schools is necessary if a fair degree of educational opportunity is to be made available throughout the Nation. Every State should enact and enforce compulsory school-attendance laws which will guarantee the removal of all barriers to the regular school attendance of all children, including those from the most isolated farms, those whose parents follow the crops, and those who must labor to supplement the family income.

An adequate educational program, adapted to the problems of incalculable complexity which will face our people upon cessation of hostilities, can be realized, continued Mr. Jones, through the vision and courage of educational leaders. "Such a program of education," he said, "clearly points out at least two major objectives: First, every youth of the Nation graduating from high school; second, every high-school graduate prepared for the next step he contemplates taking. . . . This will require significant increases in school financial support. The responsibility for such support must rest alike on the local community, the State, and the Nation. There must be universal acceptance of the irrefutable principle of democratic education that the wealth of the land, wherever it is, should support the education of the youth of the land, wherever they live."

President Roosevelt told the conference that the chief problem of rural education is the problem of dollars and cents and that in many cases the problem cannot be solved by increasing the local

taxes, because the taxable values are not there. The gap between educational standards in the richer communities and those in the poorer communities, he said, is far greater today than it was a hundred years ago, and we must find the means of closing that gap by raising the standards in the poorer communities.

I believe, Mr. Roosevelt went on to say, that the Federal Government should render financial aid where it is needed, and only where it is needed—in communities where farming does not pay, where land values have depreciated through erosion or through flood or drought, where industries have moved away, where transport facilities are inadequate, or where electricity is unavailable for power and light.

Such Government financial aid, the President said, should never involve Government interference with State and local administration and control. It must purely and simply provide the guarantee that this country is great enough to give to all its children the right to a free education.

Closely related to this whole problem, he continued, is the question of the health of our young people. Here again we cannot boast of our part in this war without a feeling of guilt—for about 40 percent of all men who were examined had to be

rejected for military service for physical or mental reasons. We cannot be satisfied with the state of this Nation if a large percentage of our children are not being given the opportunity to achieve good education and good health. I believe that our educators—those who are close to our children—should consider these two problems together.

A "charter for rural education" was drawn up, stating that this country can develop the finest rural civilization the world has yet seen, in the new era following World War II. This charter goes on to say that we must have a broad and powerful education in every rural community—an education which (1) insures all ages of rural Americans their fair share of education, (2) produces vigorous, wholesome, balanced, and steadily growing personalities, (3) strives for a community that sustains and nourishes democratic life, (4) demands dynamic and highly skilled professional leaders who can deal effectively with the problems of rural communities, (5) provides adequate rural school buildings and grounds, creates satisfactory administrative and attendance units, (6) provides an equitable plan of financing rural education, and (7) unites all the forces of the community in a coordinated effort.

BOOK NOTES

CHILDREN AND FOOD IN DAY-CARE CENTERS. Greater New York Southeastern District Home Economics Association, 1944. Available from Room 302, Community Service Society, 105 East Twenty-second Street, New York. 54 pp. 40 cents.

This pamphlet, prepared at the suggestion of the New York State War Council's Committee on Child Care, Development, and Protection, recognizes that day-care centers have both a responsibility and an opportunity for safeguarding and improving the health of children under their care and that good food, wisely chosen and properly prepared and served, is a basic factor in the program of such centers. Essential facts about the nutritional needs of children and the types and quantities of food that they should have are presented in simple, nontechnical language. Workers in child-care centers who have not had special training in home economics will find in this pamphlet the solution of many of their problems, as well as suggestions for improvement of their programs.

THE ROAD TO GOOD NUTRITION, by Lydia J. Roberts in collaboration with members of the Children's Bureau staff. Bureau Publication 270, Washington, 1944. 58 pp. Single copies free.

This bulletin, first published in 1942, has been revised in the light of recent advances in scientific knowledge. It is intended to enable persons responsible for the health of children to become better acquainted with the child's nutritional needs at various stages of life and with methods of dealing with such needs.

INFANTS WITHOUT FAMILIES: the case for and against residential nurseries. By Anna Freud and Dorothy Burlingham. International University Press, New York, 1944. 128 pp. \$2.

Like "War and Children," by the same authors, this book reports observations among children who have been placed in residential nurseries because their family life has been broken up temporarily or permanently by war conditions.

Children's workers have noted many failures in healthy personality development among children who grow up in institutions. With regard to this observation the authors believe that "it remains a question of interest how far failures of the kind described are inherent in the nature of such institutions as distinct from family life, and how far they could be obviated if the former were ready and able to change their methods."

Conclusions by the authors in stating the case for and against residential nurseries, are: "The institutional child in the first 2 years has advantages in all those spheres of his life which are independent of the emotional side of his nature; he is at a disadvantage wherever the emotional tie to the mother or to the family is the main-spring of development." There are realms in the infant's life, the authors say, in which it is important for residential nurseries to recognize their limitations, as in emotional life, character-development; they will then face, and more effectively fight, the consequences of such limitations."

Professional workers concerned with the care of young children will find careful observations, recordings, and interpretation of the behavior of these infants.

Young Workers in the Wartime Labor Market

NOTE.—Based on a report prepared by Golda G. Stander, Industrial Division, and Edith S. Gray, Division of Statistical Research, U. S. Children's Bureau, and mimeographed under the title "Estimated Numbers of Full-time and Part-time Workers 14 Through 19 Years of Age, April 1944."

Three million workers under 18 years of age are enough to constitute a sizable problem, both to persons interested in the education, welfare, and opportunities of the young workers as individuals and to those interested in the adjustment of the labor market during the reconversion period.

For many years before the war, child employment had been diminishing as a result of educational and legislative measures and technological improvement in industry—a trend which was speeded up by widespread unemployment during the depression years. In April 1940 the decennial census listed 872,314 young workers 14 through 17 years of age in the United States, of whom 209,347 were in the 14- and 15-year age group. The wartime acceleration of industry and the drafting of millions of trained workmen into the armed forces obliged employers to find new sources of labor, and teen-age boys and girls by the thousand seized the chance to get a job. As a result, by April 1944 the number of young workers under 18 years of age exceeded 2,900,000, according to census estimates. Of these, 2,050,000 were 16 or 17 years of age and 850,000 were 14 or 15; for child workers under 14 no official count exists.

The total runs much higher in the summer when farm work is at its height. The July estimate of young workers 14 through 17 was close to 5,000,000 both in 1943 and 1944.

Before much progress can be made in dealing constructively with the child-labor and youth-employment problems in relation to the post-war labor market and social conditions, some basic information is needed as to the age, sex, school status, hours of work, and distribution by industry of the boys and girls under 18 at work during the war period. Ever since the 1940 census the Bureau of the Census has been conducting sample surveys on a monthly basis to gather data on the labor supply, employment, and related subjects. In order to obtain additional information on young workers it included some supplementary questions in the April 1944 survey.

From the answers to these questions the following picture emerges: About half the 2,900,000 young workers 14 through 17 years of age have left school and can be considered full-time workers, as the majority worked more than 40 hours a

week; about the same number were still in school and can be considered part-time workers. In the 14- and 15-year group the students working part time outnumber the full-time workers, 7 to 3. Among the 16- and 17-year olds, full-time workers outnumber part-time workers in the ratio of 3 to 2.

How the Sampling Was Done

The sample on which the census estimates are based consists of 30,000 scientifically selected households in 68 sample areas. Each area contains one or more counties (123 counties in all). The sample areas are located in 42 States and the District of Columbia. The Bureau of the Census has tried to make the sample survey representative of the population of the United States in all its characteristics, and considers that the present sample, in use since November 1943, fulfills this requirement. The information on each of the 30,000 households was obtained through personal interview by a census enumerator.

The numbers shown in these tables are obtained by multiplying each item in the sample survey by a weighted figure representing the relationship of that item to the population of the United States as a whole, a process known as "blowing up" the sample. The data thus obtained are considered reliable for figures of 100,000 or over, rounded to the nearest 50,000.

Questions on School Attendance and Employment

The civilian population 14 through 17 years of age was estimated at 9,200,000 in April 1944. Excluded from this estimate are members of the armed forces (which explains the excess of girls over boys) and inmates of institutions (prisons, mental hospitals, and so forth).

When the April 1944 census sampling was taken, workers in this age group (and also those 18 and 19 years of age) in addition to the usual questions, which include employment status, were asked whether they attended school in the census week and, if so, for how many hours. Day school and night school were reported separately, but as a matter of fact the number of children under 18 who attended night school proved to be negligible. If a school holiday occurred in the census week (it was the week before Easter) information on school attendance was obtained for the preceding week.

The replies indicate that in the population of the United States as a whole there were 2,900,000 boys and girls 14 through 17 (nearly one-third

of the civilian population in this age group) in the labor force, and that all but about 100,000 of these were actually at work in the week when the survey was made (table 1).

Of the 6,300,000 minors 14 through 17 years of age who were not in the labor force, the great majority (5,800,000) were attending school. There remained half a million children who were neither in the labor force nor in school. This group, four-

and 17-year-old workers increased three times—from 662,967 to 1,950,000.

Boys in Labor Force Outnumber Girls

There are twice as many boys as there are girls among the young workers 14 through 17. In the 14- and 15-year-old group boys outnumber girls by three to one. Even in the 16- and 17-year-old

TABLE 1.—*Estimated employment and school attendance of boys and girls 14 through 17 years of age, April 1944*

NOTE: Figures have been rounded to the nearest 50,000

Employment and school attendance	14 through 17 years			14 and 15 years			16 and 17 years		
	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls
Total civilian population ¹	9,200,000	4,550,000	4,650,000	4,700,000	2,400,000	2,300,000	4,500,000	2,150,000	2,350,000
In labor force.....	2,900,000	1,950,000	950,000	850,000	650,000	200,000	2,050,000	1,300,000	750,000
At work.....	2,800,000	1,900,000	900,000	850,000	650,000	200,000	1,950,000	1,250,000	700,000
Attending school.....	1,400,000	1,000,000	400,000	600,000	450,000	150,000	800,000	550,000	250,000
Not attending school.....	1,350,000	900,000	450,000	250,000	200,000	(?)	1,100,000	700,000	400,000
Attendance not reported.....	(?)	(?)	(?)	(?)	(?)	(?)	(?)	(?)	(?)
Not at work ²	100,000	(?)	(?)	.....	.....	.....	100,000	(?)	(?)
Not in labor force.....	6,300,000	2,600,000	3,700,000	3,850,000	1,750,000	2,100,000	2,450,000	850,000	1,600,000
Because attending school.....	5,800,000	2,500,000	3,300,000	3,650,000	1,700,000	1,950,000	2,150,000	800,000	1,350,000
For other reasons.....	500,000	100,000	400,000	200,000	(?)	150,000	300,000	(?)	250,000

¹ Excludes persons in armed forces or in institutions.

² Estimates less than 100,000 not shown.

³ Includes those actively seeking work and those with jobs but not working during census week.

fifths of whom were girls, included, among others, those who were doing housework at home, and those who were not able to work or attend school.

Workers Under 16 Show Largest Increase

For a long time the trend in the United States has been toward a basic 16-year minimum age for employment. This is shown in the more or less complete acceptance of this standard in the child-labor laws of 15 States and in the child-labor provisions of the Fair Labor Standards Act of 1938. Moreover, the percentage of children enrolled in high school steadily increased up to 1940. During the war period this trend was reversed. The number of pupils enrolled in high school fell 14 percent, from 7,244,312 in 1940-41 to 6,216,119 in 1943-44, according to estimates of the United States Office of Education. The number of 14- and 15-year-old workers multiplied four times between April 1940 and April 1944—from 209,347 to an estimated 850,000; and the number of 16-

group, where the effect of enlistment in the armed forces shows up in the excess of girls over boys in the civilian population, boy workers outnumber girl workers by nearly two to one. The proportion of girls is somewhat higher among the full-time workers than among the part-time workers.

Half of Young Workers Attend School

The total number of boys and girls 14 through 17 years of age who were attending school in April 1944 was estimated at 7,200,000—78 percent of the civilian population in that age group.¹ One-fifth of all the boys and girls 14 through 17 years of age who attend school also hold down jobs (table 2). The percentage of job holders is lowest for girls of 14 and 15 (7 percent) and highest for boys of 16 and 17 (41 percent). Nearly all

¹ This includes 1,400,000 boys and girls reported to be working and attending school (whether high school, elementary, trade, or other) and 5,800,000 reported not to be in the labor force because they were attending school. There may have been a few children not in the labor force for other reasons who were attending school and who are not included in this figure.

TABLE 2.—*Proportion of boys and girls 14 through 17 years of age attending school who were at work, April 1944*

NOTE.—Figures have been rounded to the nearest 50,000.

Age and sex	Total attending school ¹	At work and attending school	Percent ²
14 through 17 years	7,200,000	1,400,000	20
Boys	3,500,000	1,000,000	29
Girls	3,700,000	400,000	11
14 and 15 years	4,250,000	600,000	14
Boys	2,150,000	450,000	21
Girls	2,100,000	150,000	7
16 and 17 years	2,950,000	800,000	27
Boys	1,350,000	550,000	41
Girls	1,600,000	250,000	16

¹ Includes those not in the labor force who gave school attendance as the reason for not being in the labor force.² Percentages computed on unrounded figures.

the children who are not in the labor force attend school (92 percent), but only half of the children who are in the labor force go to school, although some of the others doubtless have completed high school. (Information coming to the Children's Bureau from scattered sources indicates that about 16 percent of 271,091 minors 16 or 17 years of age for whom employment certificates were issued in 1942 had completed the twelfth grade, but that less than 1 percent of 10,673 minors 14 or 15 years of age had done so.)

Working Hours Exceed Standards Recommended

On the basis that too long hours are detrimental to the health and welfare of young people, most of the States have set maximum weekly hours for employment ranging generally from 40 to 48 hours for children under 16. About one-third of the States have also regulated the hours of work for 16- and 17-year olds to the extent of establishing a maximum work week of 48 hours or less, at least for employment in factories and stores.

The Federal law, the Fair Labor Standards Act of 1938, sets a basic minimum age of 16 for employment in or about establishments producing goods for shipment in interstate or foreign commerce; children under 16 may be employed in nonmanufacturing and nonmining occupations under conditions not detrimental to their health or well-being and during periods that do not interfere with their schooling. Employment in such occupations is limited by regulations issued by the Chief of the Children's Bureau to 40 hours a week when schools are not in session and to 3 hours a day and 18 hours a week when schools are in session. There is no Federal law limiting

hours of work for 16- and 17-year-olds in general other than the requirement for wages at time and a half for hours in excess of 40 a week under the Fair Labor Standards Act; under the Walsh Healey Act the hours of work are regulated for girls 16 and 17 in establishments working on Government contracts in excess of \$10,000.

The standards recommended for all industries by Federal agencies concerned with the problem—War Manpower Commission, United States Office of Education, and Children's Bureau—are similar to those of the Fair Labor Standards Act, but in addition these Federal agencies have recommended a maximum of 48 hours weekly for 16- and 17-year-old students when schools are not in session and of 4 hours a day and 28 hours a week when schools are in session.

Of the workers not attending school, almost three-fifths (57 percent) of the 14- and 15-year-old group work more than 40 hours a week, or longer than the maximum recommended for children of these ages, according to the sample survey. In fact, more than one-third (36 percent) work more than 48 hours a week. In general boys of these ages work longer hours than girls.

Long hours of work were also reported for many of the 16- and 17-year-olds not attending school with about one-fourth working over 48 hours, or longer than the maximum recommended for boys and girls of these ages. More than one-third of the boys work over 48 hours, compared with less than one-tenth of the girls.

The median work week is 47 hours for both age groups. Since 18- and 19-year-old workers, who were also asked the supplementary questions in the April survey, have a median work week of exactly the same length, it would seem that children employed full time, even down to the 14- and 15-year-olds, taking the country as a whole, tend to work the prevailing hours regardless of the fact that in some States legal weekly limits of less than 48 hours apply to children under 16 or under 18.

Young workers attending school were questioned as to combined hours of school and work. Slightly less than three-fifths had no school holiday in the census week (the week before Easter) and from their replies it appears that for three-fourths of the working students school and job together account for a week of more than 40 hours; for two-fifths, more than 48 hours, and for one-sixth, more than 56 hours.

Forty percent of the 14- and 15-year olds and 49 percent of the 16- and 17-year olds exceeded 48 hours a week of work and school combined. This would be considered a heavy load for an adult worker. These hours include typically a school program of 25 to 30 hours a week. They

do not include the time needed for home study or the time required for traveling from home to school to job and home again. Median hours of combined school and work are longer for the older students than for the younger (48 a week compared with 46). In the 16- and 17-year-old group hours for boys were especially long, half of them having a combined week of 50 hours or more, compared with 44 hours for the girls of these ages.

Farm Boys Have Highest Rate of Employment

Because of the high rate of employment among the boys, the proportion of young workers in the civilian population is higher for farm youth² than for nonfarm, as is shown in table 3. Moreover, 60 percent of the workers living on farms were working full-time, compared with 45 percent among

employment is the distribution of young workers by industry,³ especially the differences between the workers under 16 and those over 16.

Nearly nine-tenths of the workers 14 through 17 years of age, according to the census estimate, are concentrated in four main industry groups: Agriculture, wholesale and retail trade, manufacturing, and domestic and personal services (see table 4).

A preponderance of 14- and 15-year-old workers is shown in agriculture (40 percent), even for April when the survey was made, with trade ranking second (30 percent), and domestic and personal service and manufacturing tied for third place (12 percent each). Of those 16 and 17, on the other hand, the largest numbers are in manufacturing and trade (30 per cent each), with agriculture ranking third (25 percent).

More than half the girl workers attending school

TABLE 3.—*Employment and school attendance of farm and nonfarm youth 14 through 17 years of age, April 1944*

NOTE: Figures have been rounded to the nearest 50,000

Employment and school attendance	Farm youth			Nonfarm youth		
	14 through 17 years	14 and 15 years	16 and 17 years	14 through 17 years	14 and 15 years	16 and 17 years
Total civilian population ¹	2,150,000	1,100,000	1,050,000	7,000,000	3,500,000	3,500,000
At work.....	850,000	350,000	500,000	2,000,000	500,000	1,500,000
Attending school.....	350,000	200,000	150,000	1,100,000	400,000	700,000
Not attending school.....	500,000	150,000	350,000	900,000	100,000	800,000
Not at work.....	1,300,000	750,000	550,000	5,000,000	3,000,000	2,000,000

¹ Excludes persons in the armed services or in institutions.

those not living on farms. Half of the 16- and 17-year-old farm boys were out of school and working in April, and of those attending school, more than half (52 percent) were also working. Of the nonfarm boys in this age group, about one-fourth were out of school and working, and about one-fourth of those in school had jobs. In the 14- and 15-year-old group, also, the proportion of boys who were out of school and working was much higher for farm than for nonfarm residents. For the girls, on the other hand, the percentage of employment was somewhat higher for nonfarm than for farm residents, at least in the older group.

Four Main Industry Groups Employ Nine-tenths of Young Workers

An important factor in relation to child labor safeguards and post-war adjustments in youth

are in trade, compared with one-third of the boys. A larger proportion of girl than of boy students are employed in domestic and personal service, whereas the boy students are found in higher proportion in manufacturing (including newspaper distribution for publishing companies) and in agriculture.

Of the workers not attending school, nearly one-third (32 percent) are found in agriculture and about the same number in manufacturing. Only one-sixth of this group (16 percent) are found in wholesale and retail trade and even fewer (8 percent) in domestic and personal service. Of the 16- and 17-year-old minors who constitute more than four-fifths of the young workers not attending school, by far the largest proportion (37 percent) are found in manufacturing in-

³ The sample survey follows the industry classification as established by the Bureau of the Census. Thus, "manufacturing" includes, for example, the printing industry. Unquestionably therefore, many of the young workers in "manufacturing," especially in the group of 14- and 15-year-old boys, are newboys.

² Farm youth are those actually residing on farms.

dustries; 26 percent are in agriculture, 16 percent in wholesale and retail trade, and a fairly substantial percentage (13 percent) are scattered in "other" industries (see footnote 1 to table 4). For the boys in this group agriculture and manufacturing rank first and second, respectively; for the girls, manufacturing ranks first and trade second. Comparatively few of the girls in this group are employed in agriculture.

TABLE 4.—*Distribution of young workers 14 through 17 years by industry, April 1944*

NOTE: Figures have been rounded to the nearest 50,000

Industry	14 through 17 years	14 and 15 years	16 and 17 years
Total.....	2,800,000	850,000	1,950,000
Agriculture.....	800,000	350,000	450,000
Wholesale and retail trade..	800,000	250,000	550,000
Manufacturing.....	650,000	100,000	550,000
Domestic and personal service.....	250,000	100,000	150,000
Other ¹	300,000	(5)	250,000

¹ Includes the following industrial classifications in which appreciable numbers of young workers 14 through 17 were found to be employed: Forestry and fishing; mining; construction; transportation, commerce, and public utilities; finance, insurance, and real estate; automobile storage, rental, and repair; other business and repair service; amusement and recreation; professional service; and Government.

² Estimate less than 100,000 not shown.

The number of young workers in agriculture increases sharply in the summer; the census estimate for July 1944 shows 1,550,000 young workers 14 through 17 in agriculture—nearly twice the April figure.

Nine out of every 10 minors employed in agriculture in April, when the survey was made, were living on farms; this holds true for both out-of-school workers and student workers. But of those who were attending school more than four-fifths, and of those who were out of school only three-fifths, were unpaid family workers.

The comparatively large number of young workers, boys and girls both, who are employed in manufacturing fits in with the findings of the Children's Bureau, based on the number of employment certificates issued in States and cities reporting to the Bureau, that the number of minors 14 through 17 years of age entering manufacturing industries has increased enormously during the war period.

What Will Happen to Young Workers When the Labor Market Contracts?

The increase in the Nation's labor force during the 4 years ended April 1944 exceeded normal expectations by 6,700,000, according to the Bureau

of Labor Statistics.⁴ Of this excess, some 1,730,000 workers were drawn from the age group 14 through 17 years—1,090,000 boys and 640,000 girls. Normally, a large proportion of these young people would be devoting their full time to schooling. Many of them, of course, have not given up school altogether, but are continuing to attend school while working part time.

Post-war contractions in employment and in the armed forces are expected to result in a surplus of 5,000,000 to 6,000,000 workers by 1947, if civilian jobs are no more plentiful than they were in 1941, the Bureau of Labor Statistics estimates. By industry group, the Bureau of Labor Statistics foresees expansion in construction, trade, manufacturing for civilian use, domestic service, and self-employment; reductions in mining, transportation, and public utilities.

Three measures through which part of the expected contraction can be accomplished with a minimum of hardship are the voluntary withdrawal of housewives from the labor market, the retirement of overage workers who remained in the labor force because of the emergency, and the return to school of employed minors, especially those under 18, on a full-time basis.

The out-of-school workers who are 16 or 17 years of age will be the minors of whom fewest will voluntarily leave the labor market, unless encouraged to resume some educational activity. It should be easier to get the 14- and 15-year olds back to school, particularly as most States require them to attend school unless they are working. However, this is a smaller group and includes a high proportion of farm children employed in agriculture.

About half of the entire group of young workers attend school, although the proportion of student workers varies according to industry, as has been seen. In the student group, which still has one foot in school, are many whose motives for working are partly patriotic, and who can readily resume their full-time student status. Doubtless, many student workers, especially in the younger group, intend to continue their education and others would be glad of the chance to do so if the loss of wages or unemployment compensation could be offset in some way.

In addition, the intake of children under 16 as full-time workers could be shut off by raising the minimum age for employment during school hours to 16 years in States with a lower age limit, and by strengthening the administration of existing laws. This would restrict the 14- and 15-year-old boys and girls to part-time and vacation jobs and encourage them to complete their schooling.

⁴ Sources of Wartime Labor Supply in the United States. *Monthly Labor Review*, Vol. 59, No. 2 (August 1944), pp. 264-278.

A limited supply of reprints of this article will be available from the Children's Bureau, Washington 25, D. C.

State Child-Labor Legislation in the Third Year of the War

During 1944, a year in which only eight State legislatures met in regular session, legislation affecting the employment of minors was passed in five States. To some extent the trend toward relaxation of child-labor standards shown by the laws enacted in the previous year was continued, in that a few of the 1944 enactments lower or weaken the standards or extend for another year legislation relaxing such standards. Other laws, however, show a more hopeful trend. This is true particularly in the field of compulsory school attendance and indicates recognition of the need for widening school opportunities for children even in wartime.

The States in which the legislature met in regular session during the legislative year 1944 were Kentucky, Louisiana, Mississippi, New Jersey, New York, Rhode Island, South Carolina, and Virginia. In a number of other States the legislature met in special session.

Legislation relating specifically to child labor or to compulsory school attendance was enacted in Kentucky, Louisiana, New York, and Virginia, and also in Michigan, whose legislature met in special session.

It is significant that with children in increasing numbers leaving school for work, three States (Louisiana, Virginia, and Michigan) strengthened their compulsory school-attendance requirements. As a result of the improvement in legislation for compulsory school attendance in Louisiana and Virginia, there are now only two States (Georgia and North Carolina) that do not have an upper age for compulsory school attendance of at least 16 years, State-wide in application. It must be borne in mind, however, that the full value of a 16-year school-attendance standard cannot be realized as long as the majority of the State child-labor laws have a lower minimum age than 16 for employment during school hours, and exemption from school attendance is permitted for 14- and 15-year-olds going to work.

Louisiana and Virginia raised the upper age for compulsory school attendance from 15 years to 16, but provided for the exemption of limited classes of children.

The 1944 Louisiana act replaces two separate compulsory school-attendance laws, of which one applied to all parishes except the Parish of Orleans and required attendance to 15 years and the other applied only to the Parish of Orleans, and required attendance to 16. The new act eliminates a few exemptions that were in the two former acts—exemptions that permitted certain children within the compulsory school-attendance ages to leave

school. Children mentally or physically incapacitated, those living beyond a specified distance from any school of suitable grade, and those temporarily excused from attendance under rules promulgated by the State Board of Education are the only ones exempted from the requirements of the new act.

The Louisiana act also authorizes establishment of an administrative framework that provides for cooperation between State and local school authorities, looking to effective enforcement of the act. Parish school boards are authorized to enforce the act in cooperation with other State and parish agencies. The State Superintendent of Education is authorized to designate a member of the State Department of Education to serve as State Supervisor of Attendance, whose primary responsibility will be the general administration of the act. This State supervisor is given general supervision over the visiting teachers. Each parish school board is authorized to employ at least one full-time visiting teacher to act as attendance officer, such officer to be appointed from a list certified by the State Board of Education. The visiting teachers, whose duties are specified in the act, are to cooperate with the State Departments of Public Welfare, Labor, Health and other State agencies; to make monthly and annual reports to parish superintendents and the State Supervisor of Attendance on attendance and on other problems of adjustment between children and schools. These visiting teachers are to have all the powers and duties formerly vested in attendance or truant officers. They are also directed to file proceedings in court when necessary to enforce the provisions of the act, and to report habitual truants to the juvenile court as delinquent children.

In addition the Louisiana act requires attendance for 180 days or the full session. Formerly attendance was required for 140 days in parishes other than the Parish of Orleans and for the entire session in the Parish of Orleans.

Under the new Virginia act, raising from 15 to 16 the upper age for required school attendance, exemption is permitted only for children physically or mentally incapacitated or children living more than a certain distance from school or from a place at which free transportation is available to school. The act eliminated an exemption which had permitted Virginia children who completed the elementary school course to be excused from school attendance to go to work. However, the child-labor law, which sets a basic 14-year minimum age for employment, was not amended.

Michigan changed its beginning age for com-

pulsory school attendance from 7 to 6 years, thus requiring attendance of children between the ages of 6 and 16 unless they are exempted. It further strengthened its school-attendance requirements by providing that children under 16 who live in a district that does not have a high school and who complete the eighth grade (formerly exempted from attendance), must attend high school if transportation is furnished and tuition paid by the district or State to a school outside their district.

In Kentucky, Louisiana, and New York some legislative lowering of standards occurred, but in Louisiana and New York a strengthening of administrative procedures accompanied the relaxations.

Kentucky passed a wartime measure, applicable to retail stores employing 10 persons or less, which permits children under 16 years of age to work on Saturdays for 10 hours a day (instead of 8) and until 9 p. m. (instead of 6 p. m.).

Louisiana amended its 1942 act providing for dispensations by the State commissioner of labor from limitations of labor laws for persons 18 years of age or over so as to permit dispensations warranted by the war emergency to be granted for persons 16 years or over. It also amended its child-labor law so as to except from the 18-year minimum-age requirement established for employment in certain hazardous occupations apprentices who are employed in accordance with the State law providing for voluntary apprenticeship under State-approved agreements.

In addition, for the duration of the war and 90 days thereafter, Louisiana lowered from 14 to 12 the minimum age at which boys may deliver and collect for magazines or periodicals from house to house over fixed routes in residential areas, during the same hours and under the conditions established by the act for boys between 14 and 16 years of age. Boys between 12 and 14 so engaged or employed at the expiration date of the amendment are to be permitted to continue in such work. At the same time that it lowered the minimum age for such street-trades work during the war period, this State strengthened its administrative procedures for issuing street-trades permits. The previous law required presentation of a school record before such a permit was

granted; it permitted, however, the waiving of this requirement in case of summer-vacation work. The amended law provides that the waiver by the principal of the school shall be subject to review by the parish superintendent of schools. It also gives the commissioner of labor authority to prescribe any regulatory measures necessary for the cancellation of unused or expired permits.

New York extended until July 1, 1945, its emergency legislation under which releases from school were permitted up to 30 days during the school year for children 14 or over to do farm work and for children 16 or over to work in canneries and greenhouses. On the other hand, New York improved its employment-certificate requirements for farm work. Until July 1, 1945, minors of 14 and 15 must obtain farm-work permits for employment in farm service at any time of the year, including any period during which the minors are released from school for such work. Formerly a permit was not required by law for such work during release from school. Such farm-work permits are valid under the law only if signed by the employer. By another act, New York exempted from the requirement for employment certificates the work of children 14 years of age or over as caddies. This exemption is not confined to the war period.

In evaluating the legislative trends of 1944, as they relate to the employment of minors, it would appear that the few backward steps are balanced by advances in the same or other States. The improvements made in school-attendance legislation are of special importance as pointing the way to concerted post-war drives for remedying weaknesses in State child-labor and school-attendance legislation. This does not mean necessarily that wartime relaxations in standards have passed their peak. Few legislatures were in regular session during 1944. Moreover, a few of the States in which the legislature was in regular session this year had already granted some relaxation of child-labor standards, or authority to relax them, at least for minors 16 or over. If the war demands for labor continue at the present level into the next legislative year when practically all States have legislative sessions, new pressures will undoubtedly develop.

National Agency for Dealing With Juvenile Delinquency in Argentina

Argentina was the first of the American republics to follow the example of the United States in enacting a law (in 1919) for the appointment of special judges to hear cases of delinquent and morally neglected persons under 18. The work concerning the institutions for these children and related problems was entrusted by the Government to the Patronato Nacional de Menores (Board for the Protection of Minors), which was created in 1931. The activities of the Patronato are described in its latest report, *Memoria General del Patronato Nacional de Menores, Infancia y Juventud*, No. 25-26, 1943.

The Patronato, which is in the Ministry of Justice and Public Instruction, receives annual appropriations from the Government for the maintenance of public institutions for delinquent, neglected, and dependent children. The Patronato also distributes Government aid to private institutions of this kind, and supervises the work of both public and private institutions. Another of the functions is to propose legislation relating to the subjects of its work.

The President of the Patronato has been for many years Dr. Carlos de Arenaza, author of numerous works on the treatment of juvenile delinquency. Dr. de Arenaza is also co-author of the present report.

The Patronato maintains nine public institutions with a total population of 1,600 children. To these institutions are committed not only delinquent or morally neglected children brought before the court, but also, at the request of their parents, children presenting behavior problems and those whom their parents are unable to support. Children with communicable diseases or serious physical or mental defects are barred from the institutions.

Six of these nine institutions are for boys. One of them, the Colonia Hogar "Ricardo Gutiérrez," is considered, because of its high standards, one of the best in the American republics. Occupying extensive grounds in a rural district in the province of Buenos Aires, this institution has a population of 600 boys living in cottages, each with accommodations for 30 and managed by a married couple.

The personality of each child is studied upon admission, and a plan of treatment is determined. A general education is given in the institution's

primary and intermediate schools. Extensive facilities are maintained for instruction in trades and agriculture. Many of the new buildings on the institution's well-kept grounds have been built by the boys, and many articles of clothing and other necessities have also been made by them. Medical and dental care and various facilities for recreation are provided.

The staff is housed in separate buildings on the grounds.

In the other institutions for boys an elementary education and industrial and agricultural training are also provided, but on a smaller scale than in the Colonia Hogar "Ricardo Gutiérrez."

Of the three institutions for girls one, situated in the city of Buenos Aires, serves as a receiving home to which all the girls committed to the care of the Patronato Nacional de Menores are sent for study and classification. In the two other institutions for girls, one of which is of the cottage type, elementary education and instruction in trades considered suitable for girls are provided.

It is also the duty of the Patronato to arrange for the placing in private institutions of those children who cannot be accommodated in public institutions and to pay for their care.

Branch offices are maintained by the Patronato in several parts of the country. The report points out that their work is handicapped by insufficient funds; as a result of this the institutions in those districts are poorly equipped.

Other phases of the Patronato's work that are described in the present report include courses of lectures for improving the qualifications of the employees of the institutions supervised by the Patronato, publication of a periodical, *Infancia y Juventud*, and organization of two National Conferences on Neglected and Delinquent Children, which were held in 1933 and 1942.

In conclusion the author criticizes the policy of removing children from their homes because of poverty and placing them in institutions. He advises his country to follow the example of the United States, where increasingly large sums of money are spent in aiding the child in his own home, and refers to the publications of the Children's Bureau and the recommendations of the White House Conference on Child Health and Protection.

A. K. S.

NOTES

With the approval of the members of the Children's Bureau Commission on Children in Wartime, who voted on the questions submitted by the chairman August 10, the Chief of the Children's Bureau has changed the name of the Commission to the National Commission on Children in Wartime.

Prevención Social, monthly organ of the Departamento de Prevención Social de la Secretaría de Gobernación of Mexico has recently begun publication in Mexico City. The purpose of the magazine is to inform the public about the work of the Departamento de Prevención Social, a Government Bureau which administers laws on juvenile and adult delinquency and deals with other phases of the problem. The first five numbers contain articles on juvenile delinquency and related problems; also a report on the work of the juvenile court in the Federal District of Mexico, which was presented to the First National Congress on Social Welfare of Mexico, 1943.

The Australian Association for Preschool Child Development has adopted resolutions with regard to post-war plans for children. Among these are: That an attempt be made by the child-welfare committee of the League of Nations to influence the formation of peace treaties so that provision can be made for the rehabilitation of blighted child lives; that plans be made for contacting the governments and peoples of all countries when hostilities cease, so that, under the protection of the peace treaties, the right attitudes toward children can be fostered; that the child-welfare committee of the League of Nations concern itself with all aspects of preschool child welfare, including education for peace, prevention of all abuses of the child mind, preservation in time of famine, and hygiene; also that this committee be asked to urge all member states to make provision for giving effect to the terms of the Declaration of Geneva.

ED. NOTE.—The League of Nations Committee mentioned in the above paragraph is probably the Advisory Committee on Social Questions.

CONFERENCE CALENDAR

Nov. 12-18. Children's Book Week. Celebrates the two-hundredth anniversary of the publication of the first book for children. It is being observed also in England, Brazil, The U.S.S.R., Nicaragua, Mexico, and Bombay, India. Permanent headquarters: 62 West Forty-fifth Street, New York 19.

Dec. 2-3. American Sociological Society. Chicago. Chairman: Dr. Thomas D. Eliot, Northwestern University, Evanston, Ill.

Dec. 27-29. American Statistical Association. Annual meeting, Washington. Office of the Secretary, 1603 K Street NW., Washington.

Publication of *THE CHILD*, Monthly Bulletin, with *SOCIAL STATISTICS* supplements from time to time, was authorized by the Bureau of the Budget, May 12, 1936, under Rule 42 of the Joint Committee on Printing, to meet the need of agencies working with or for children for a regular channel of information on current developments, activities, policies, and programs for maintaining the health of mothers and children, providing child-welfare services, and safeguarding the employment of youth. Communications should be addressed to Miriam Keeler, editor, *THE CHILD*, Children's Bureau, U. S. Department of Labor, Washington 25, D. C.

The Children's Bureau does not necessarily assume responsibility for the statements or opinions of contributors not connected with the Bureau.

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UNITED STATES DEPARTMENT OF LABOR

FRANCES PERKINS, SECRETARY



CHILDREN'S BUREAU

KATHARINE F. LENROOT, CHIEF

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Ice Skating a Community Recreation

UNITED STATES
DEPARTMENT OF LABOR
CHILDREN'S BUREAU



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KATHARINE F. LENROOT, CHIEF

SAFEGUARDING THE HEALTH OF MOTHERS AND CHILDREN

Deaths From Accidents Among Children and Adolescents

By GEORGE WOLFF, M.D.¹

Division of Statistical Research, U. S. Children's Bureau

Deaths among children from communicable diseases have been reduced in recent years as a result of increased medical knowledge and improved public-health methods in control, prevention, and cure. A corollary of this reduction has been an increase in the relative importance of accidents as a cause of death among children and adolescents. Accidental deaths must be considered preventable deaths. The reduction of wastage in child life through accidental deaths requires a precise knowledge of the types and causes of accidents and a widespread knowledge and consciousness of accidents as a public-health and a child-welfare problem. As a basis for programs planned to prevent accidents, the Children's Bureau has made a study, using the Bureau of the Census figures for 1939, 1940, and 1941 on deaths from accidents among children and adolescents, classified according to race, sex, and age group.

Accidents killed 58,011 boys and girls under 20 years of age in the United States in the 3-year period 1939-41. In the broad age span covered, with the newborn infant at one extreme and the young adult approaching his twentieth birthday at the other, deaths from all causes totaled more than half a million (543,695) during this 3-year period. About 1 death in every 10, therefore, resulted from an accident.

Rates of Death From Accidents, 1939-41

Deaths from all causes and from accidents are classified in table 1 by race, sex, and age group, with average annual death rates per 100,000 of the corresponding population group. The percentage of all deaths resulting from accidents is also shown. It is possible, therefore, to compare the differences in death rates from accidents for boys and girls in any age-race group; for white and nonwhite children in any age-sex group, and for children of any age group with relation to sex and race.

For boys and girls.—The loss of life from accidents is shown to be more than twice as great

among boys as among girls (40,105 deaths compared with 17,906). Both the total death rate and the death rate from accidents are higher for boys than for girls. This is true for white children in all age groups. It is also true for nonwhite children, except in the 15- to 19-year group where the total death rate is higher for girls than for boys (because of the prevalence among girls of tuberculosis and deaths connected with pregnancy); in this group, however, the death rate from accidents is five times as high for boys as for girls.

For racial groups.—The differences between the white and nonwhite groups in rates of death from accidents, on the other hand, are not very great, except among infants under 1 year. The death rate from accidents runs somewhat higher for the nonwhite than for the white children in all age-sex groups. The differences in rates of death from all causes are much greater, however, the rates for nonwhite children being two or even three times as high as those for white children in some groups. The percentages of all deaths that result from accidents, consequently, appear somewhat lower for nonwhite than for white groups, except among babies. The reason for the lower ratio of accident deaths to all deaths in the nonwhite groups is the greater prevalence of deaths from other causes among the nonwhite children, especially tuberculosis among the older girls. In the 15- to 19-year age group the death rate from tuberculosis in the 3-year period 1939-41 was 159.7 per 100,000 population for nonwhite girls and 97.2 for nonwhite boys, compared with 18.9 and 10.7 for white girls and boys. Thus, for the nonwhite population of this age group the most pressing public-health problem today is still tuberculosis, whereas for the white population, especially boys, the problem of accidents has become more and more important as deaths from other causes have been reduced.

By age group.—When age groups are compared the highest rates of death from accident are found among infants under 1 year of age, in both racial groups and in both sexes. But be-

¹ Research Fellow, Dazian Foundation for Medical Research.

cause of the greater prevalence of other causes of death among infants (especially premature birth, pneumonia and influenza, congenital malformations, injury at birth, and diarrhea and enteritis) deaths from accidents constitute only from 2 to 3 percent of the total in this age group. The fact remains, however, that in the 3-year period 1939-41 accidents were responsible for the deaths of 7,623 babies. The types of fatal

sharply for both sexes in the 15- to 19-year groups, where motor-vehicle accidents increase and industrial accidents to employed minors enter the picture.²

Trends in Leading Causes of Death

In order to get a more concrete picture of the trend of accident mortality, especially of the role that accidents have played in the past in relation

TABLE 1.—Deaths and death rates from all causes and from accidents, and percentage of deaths from accidents among all deaths of persons under 20, by age group, sex, and race; United States, 1939-41

(Based on data from U. S. Bureau of the Census.)

NOTE.—Rates are the number of deaths in a specific group per 100,000 population of that group.

Age groups (years)	White boys					White girls				
	Deaths from all causes		Deaths from accidents		Percentage of deaths from accidents	Deaths from all causes		Deaths from accidents		Percentage of deaths from accidents
	Number in 3 years	Average annual rate	Number in 3 years	Average annual rate		Number in 3 years	Average annual rate	Number in 3 years	Average annual rate	
Total, under 20	248,623	409.8	34,129	56.3	14	183,843	311.8	14,916	25.3	8
Under 1.....	153,744	5,650.9	3,373	124.0	2	114,377	4,375.5	2,556	97.8	2
1-4.....	32,645	286.8	6,445	56.6	20	26,906	245.3	4,511	41.1	17
5-9.....	16,702	117.3	5,595	39.3	34	12,102	88.0	2,745	20.0	23
10-14.....	17,048	108.1	6,457	40.9	38	11,328	74.1	1,869	12.2	17
15-19.....	28,484	172.1	12,259	74.1	43	19,130	117.0	3,235	19.8	17
Age groups (years)	Nonwhite boys					Nonwhite girls				
	Deaths from all causes		Deaths from accidents		Percentage of deaths from accidents	Deaths from all causes		Deaths from accidents		Percentage of deaths from accidents
	Number in 3 years	Average annual rate	Number in 3 years	Average annual rate		Number in 3 years	Average annual rate	Number in 3 years	Average annual rate	
Total, under 20	59,785	742.2	5,976	74.2	10	51,444	624.6	2,990	36.3	6
Under 1.....	36,785	10,226.3	322	259.1	3	28,873	7,886.3	762	208.1	3
1-4.....	8,669	541.7	1,060	66.2	12	7,647	475.0	932	57.9	12
5-9.....	3,236	160.0	861	42.6	27	2,789	136.4	546	26.7	20
10-14.....	3,651	175.5	1,169	56.2	32	3,218	153.3	304	14.5	9
15-19.....	7,444	373.6	1,954	98.1	26	8,917	421.5	446	21.1	5

accidents occurring most frequently among babies are technically classified as "mechanical suffocation" and "obstruction, suffocation, or puncture through ingested objects." A baby too young to turn over or to push bedclothes away from his face may be suffocated by working down under the blankets, by being laid face down on a soft pillow, or by someone's sleeping in the same bed and rolling over on him or even merely flinging an arm over him. A baby in the creeping stage may pick up any small object he can find on the floor—a button, a peanut, a tiny toy—stuff it in his mouth, and quickly choke to death. Younger babies may grab an open safety pin while their diapers are being changed. Such accidents can be easily prevented. If the mother or other person in charge were warned of the danger and given simple instructions for preventing accidents many an infant life could be saved.

Comparatively low rates of death from accidents are found in the age groups 5 to 9 and 10 to 14 years. Girls 10 to 14 have the lowest rate of all in both racial groups. The rates rise again rather

to other leading causes of death, mortality summaries recently published by the Bureau of the Census³ have been combined in table 2 to show the death rates from the five most important causes of death in the decennial years from 1900 to 1940. The age groups shown (1 to 4 years, 5 to 14 years, 15 to 24 years) do not coincide exactly with those in table 1. The figures for each year are based on reports from the States then included in the death-registration area. These figures constitute a fair sample of the mortality trend in the United States as a whole. Moreover, the causes of death in the various age groups are not specified for the white and the nonwhite population nor for males and females separately. Nevertheless, the survey over 4 decades will shed some light on the long-term trend and on the shifts in rank among the leading causes of death, including accidents. The age group under 1 year

² The census figures do not segregate deaths due to industrial accidents by age in such a manner as to permit computation of the number of minors killed or fatally injured in the course of their employment.

³ Vital Statistics—Special Reports, Vol. 16, Nos. 61-63, 1943.

is not shown because accidents do not rank among the five leading causes of death in that age group and because comparable data are not available for infants before 1915, the year when the United States birth-registration area was established.

Preschool age.—Among children 1 to 4 years of age deaths from accidents (including motor-vehicle accidents) ranked second among causes of death in 1940, with a rate of 49.6 per 100,000 children of that age (table 2). Only the death rate from pneumonia and influenza was higher, and the next most important causes of death (diarrhea and enteritis, tuberculosis, and congenital malformations) ranked far below.

In 1930 accidents were in third place, with a rate of 63.3 per 100,000, and were outranked both by pneumonia and influenza, with a rate twice as high, and by diarrhea and enteritis. Diphtheria and tuberculosis ranked fourth and fifth, but took a much smaller toll than accidents.

In 1920, accidents were fourth among causes of death, although the death rate from this cause

(82.6) was higher than in 1930 and 1940. Diphtheria was then in third place, diarrhea and enteritis in second place, and pneumonia and influenza in first place with the extremely high rate of 283.7.

In the preceding decennial years, 1910 and 1900, accidents did not appear among the five leading causes of death for this age group, although death rates from accidents were as high as, or higher than, in later years (83.5 in 1910 and 75.3 in 1900). All five leading causes of death in 1900 and again in 1910 were infectious diseases. Diphtheria, long the most dreaded single infectious disease of childhood, with death rates of 271.0 per 100,000 in 1900 and 139.9 in 1910, had almost disappeared as a leading cause of death by 1940, thanks to specific therapy and the widespread practice of immunization.

Children of school age.—Among children of school age (5 to 14) accidents in 1940 and also in 1930 were the principal cause of death in spite of the fact that the accident death rate was

TABLE 2.—Rank order of five leading causes of death for age groups 1 to 4, 5 to 14, and 15 to 24 years, United States death-registration States; decennial years, 1900–40

(Based on data from U. S. Bureau of the Census. Vital Statistics, Special Reports, Vol. 16, Nos. 61, 62, 63.)

NOTE.—Rates are the number of deaths in a specific group per 100,000 population of that group.

Age 1-4 years		Age 5-14 years		Age 15-24 years	
Cause of death	Rate	Cause of death	Rate	Cause of death	Rate
1940					
Pneumonia and influenza	62.5	Accidents (including motor-vehicle: 11.6)	28.8	Accidents (including motor-vehicle: 28.6)	63.8
Accidents (including motor-vehicle: 12.4)	49.6	Tuberculosis (all forms)	18.7	Tuberculosis (all forms)	38.2
Diarrhea, enteritis, etc.	30.2	Diseases of the heart	8.0	Diseases of the heart	14.0
Diphtheria	12.3	Appendicitis	8.0	Diseases of pregnancy	12.2
Tuberculosis (all forms)	10.3	Tuberculosis (all forms)	5.5	Pneumonia and influenza	11.5
Congenital malformations	10.3				
1930					
Pneumonia and influenza	123.1	Accidents (including motor-vehicle: 14.7)	58.6	Tuberculosis (all forms)	77.3
Diarrhea, enteritis, etc.	95.6	Pneumonia and influenza	18.8	Accidents (including motor-vehicle: 27.4)	62.1
Accidents (including motor-vehicle: 14.5)	63.3	Appendicitis	13.1	Pneumonia and influenza	27.8
Diphtheria	33.5	Diseases of the heart	12.1	Diseases of pregnancy	23.0
Tuberculosis (all forms)	25.9	Tuberculosis (all forms)	11.9	Diseases of the heart	121.3
1920					
Pneumonia and influenza	283.7	Pneumonia and influenza	45.1	Tuberculosis (all forms)	136.1
Diarrhea, enteritis, etc.	141.3	Accidents (including motor-vehicle: 13.0)	44.9	Pneumonia and influenza	101.3
Diphtheria	90.5	Accidents (including motor-vehicle: 7.8)	28.0	Accidents (including motor-vehicle: 7.8)	66.6
Accidents (including motor-vehicle: 9.1)	82.6	Tuberculosis (all forms)	22.4	Diseases of pregnancy	32.9
Whooping cough	57.7	Diseases of the heart	17.4	Diseases of the heart	124.5
1910¹					
Pneumonia and influenza	285.6	Accidents (including motor-vehicle: 2.4)	38.2	Tuberculosis (all forms)	152.0
Diarrhea, enteritis, etc.	271.8	Diphtheria	36.9	Accidents (including motor-vehicle: 1.1)	64.5
Diphtheria	127.9	Accidents	29.7	Typhoid fever	31.1
Measles	87.5	Pneumonia and influenza	25.4	Pneumonia and influenza	29.2
Tuberculosis (all forms)	84.6	Diseases of the heart	22.3	Diseases of the heart	126.7
1900²					
Pneumonia and influenza	386.6	Diphtheria	69.7	Tuberculosis (all forms)	205.7
Diarrhea, enteritis, etc.	303.0	Accidents	38.3	Accidents	68.4
Diphtheria	271.0	Pneumonia and influenza	29.7	Typhoid fever	31.1
Tuberculosis (all forms)	101.8	Tuberculosis (all forms)	36.2	Pneumonia and influenza	48.1
Measles	87.6	Diseases of the heart	23.3	Diseases of the heart	128.8

¹ Does not include deaths reported as due to acute rheumatic fever. For further comment see footnote 4, p. 86

² In 1910 deaths from accidents were in sixth place for children 1 to 4 years, with a rate of 83.5.

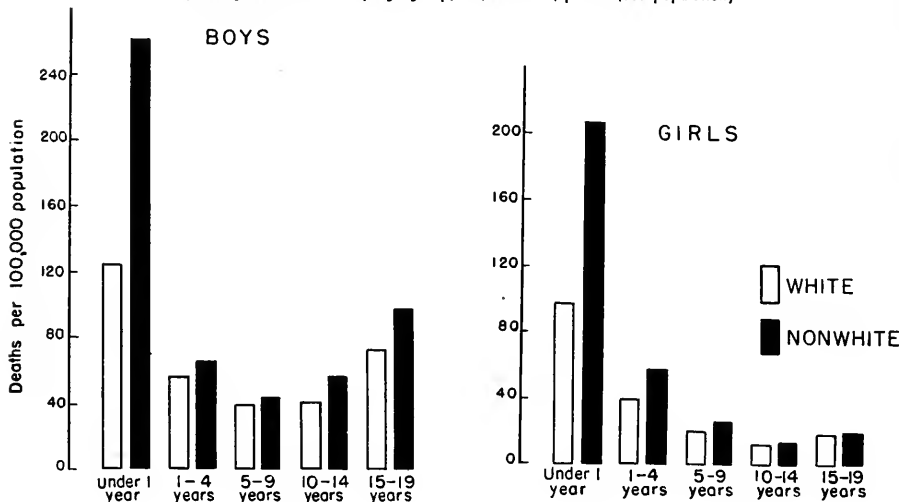
³ In 1900 deaths from accidents were in sixth place for children 1 to 4 years, with a rate of 75.3.

lower for this age group than for any other. The death rate from accidents in 1940 (28.8 per 100,000 children 5 to 14) was more than three times as high as the rate from the second leading cause, influenza and pneumonia (9.0). Only in 1920, a year in which influenza was epidemic,

census years. In spite of its increasing importance in relation to deaths from other causes, the rate of deaths diagnosed as due to diseases of the heart has been steadily lowered from 23.3 per 100,000 for this age group in 1900 to 8.0 in 1940, a drop of 66 per cent.

DEATHS FROM ACCIDENTS AMONG PERSONS UNDER 20 YEARS OF AGE, UNITED STATES, 1939-41

(Average annual rates, by age group, sex, and race, per 100,000 population)



was the death rate from pneumonia and influenza (45.1) slightly above the death rate from accidents (44.9) among children of these ages. Diphtheria, although not so frequent a cause of death among school children as in the preschool group, ranked second to accidents as a cause of death in 1910. In 1900 diphtheria ranked first, with a death rate of 69.7 per 100,000, and accidents came second with a rate of 38.3.

"Diseases of the heart"⁴ were among the five most important causes of death for children of school age for each census year from 1900 to 1940. In the age group 5 to 14 this cause ranked third in 1940, fourth in 1930, and fifth in the preceding

Tuberculosis, another of the five leading causes of death among children 5 to 14 throughout the period, has shown even greater reduction, from 36.2 per 100,000 in 1900 to 5.5 in 1940. In contrast to the consistent reduction in death rates from tuberculosis, the death rate from accidents was highest (44.9 per 100,000) in 1920 and the reduction from 1900 to 1940 was less than 25 per cent.

Youth.—In the age group 15 to 24 years accidents were the most important cause of death in 1940, with a rate of 53.3 per 100,000 population of these ages. Tuberculosis, which held first place in the four previous census years, came second in 1940 with a rate of 38.2, and diseases of the heart ranked third. The conquest of tuberculosis is shown by a drop of more than 80 per cent in the death rate, from 205.7 in 1900 to 38.2 in 1940 among young people in this age group. Diseases of pregnancy and pneumonia and influenza ranked fourth and fifth.

In 1920, as a result of the influenza epidemic,

⁴Huse, in her article, *Rheumatic Fever in Children* (The Child, May 1943), shows that authoritative estimates indicate that in children of school age 80 to 90 percent of deaths attributed to "diseases of the heart" are actually caused by rheumatic fever. Thus, although rheumatic fever, with a death rate in 1940 of 2.6 per 100,000 among children 5 to 14, for example, does not appear among the five leading causes of death, if 85 percent of deaths attributed to diseases of the heart are added to the deaths reported as due to acute rheumatic fever, a death rate of 9.4 is obtained for this age group, compared with 9.0 for pneumonia and influenza combined.

pneumonia and influenza ranked second as a cause of death in the 15-to-24 age group, the death rate from this cause being 101.3, compared with 29.2 in 1910 and 27.8 in 1930. Another severe infectious disease, typhoid fever, which ranked third among causes of death in the 15-to-24 age group in 1900 (death rate 50.0 per 100,000) and also in 1910 (34.1) disappeared from the list of five leading causes of death in 1920.

In contrast, the death rate from accidents of all types was practically as high in 1940 (53.3) as in 1900 (53.4). The continued high rate of death from accidents of all types is due to the tremendous increase in motor-vehicle accidents. The death rate from such accidents for this age group jumped from 1.1 per 100,000 in 1910 (the first decennial year that motor-vehicle accidents appeared separately as a cause of death) to 27.4 in 1930 and 28.6 in 1940.

Another cause of death that has assumed increasing relative importance among girls and young women, as deaths from infectious diseases have been reduced, is diseases of pregnancy. Even in the age group as a whole, with no separation of sexes (table 2), diseases of pregnancy stood fourth among causes of death for young people 15 to 24 years of age in 1940 and also in 1930 and 1920.

Persons in other age groups.—Because of the perspective it gives on differences in the leading causes of death for children and youth as compared with those for other age groups, a brief summary of causes of death, including accidents, among adults is included here.

For adults 25 to 44 years accidents ranked third among causes of death in 1940, with a rate of 53.4 per 100,000 population. The death rate from accidents for this group was almost identical with that for the 15- to 24-year age group, but the death rates from heart disease and tuberculosis had risen to take first and second place respectively.

For adults 45 years and over, although death rates from accidents increased, their relative importance as a cause of death declined. In the age group 45 to 64 years, accidents were in fifth place in 1940 with a death rate of 83.8 per 100,000. For persons 65 years and over the accident death rate was 305.9 in 1940, with falls as the most frequent type of fatal accident. But for persons in this age group death rates from other causes are so high (the rate of death from heart disease was 2,629.0 in 1940) that accidents do not appear among the five leading causes of death.

Increasing Importance of Deaths From Accidents During Childhood

Analysis of deaths of children under 20 years of age during the 3-year period 1939-41 has shown that the accident death rate is highest among infants under 1 year of age. Although fatal accidents constitute only 2 or 3 percent of all deaths among infants and do not appear as one of the five leading causes of deaths during infancy, accidents of types that are easily preventable are responsible for a large loss of infant life. In all age groups from 1 to 19 years deaths from accidents constituted a large proportion of all deaths occurring in the 3-year period, the percentage ranging from 5 percent for nonwhite girls 15 to 19 years of age to 43 percent for white boys in the same age group.

In 1940 accidents ranked first among the causes of death for children 5 to 14 years and for young people 15 to 24 years, and second for children 1 to 4 years of age.

For children of all ages except infants under 1 year, motor-vehicle accidents caused an unduly large number of preventable deaths in 1940. If "motor-vehicle accidents" and "all other accidents" were listed as two separate causes of death, both would appear in 1940 among the five most important causes. Because of wartime restrictions on gasoline, tires, and automobile production for civilian use, deaths from motor-vehicle accidents have been substantially reduced since 1940.⁵ Before unlimited automobile traffic is resumed, persons and agencies concerned with child welfare should assist in planning to prevent another peak in the needless loss of life from this cause.

The statement seems justified, on the basis of the figures presented, that preventable deaths of children from the acute and chronic infectious diseases and their complications have been reduced to such a degree since the turn of the century that other causes of death, especially accidents, have necessarily gained in importance. Thus, the prevention of accidents to children and youth and of deaths resulting from accidents represents a promising opportunity for public-health and public-education programs.

For this reason a more detailed analysis of deaths from accidents in childhood, analyzed by type of accident, is being prepared by the Children's Bureau and will be dealt with in a special report.

⁵ The death rate from motor-vehicle accidents for the 15-to-24 age group, as reported by the National Safety Council, was 25.4 per 100,000 population in 1938, 35.0 in 1941, and 18.0 in 1943 (estimated). *Accident Facts* (1944 edition), p. 75.

Committee Report on Child Health in the Post-War Period Adopted by American Academy of Pediatrics

ED. NOTE.—The following report on A Consideration of Child Health in the Post-War Period was adopted unanimously on November 10, 1944, by the American Academy of Pediatrics at its annual meeting in St. Louis.

"Historical

"It has been agreed that the E.M.I.C. program shall end six months after the war.

"In order that a post-war program for the care of children may be developed which will fit into any type of overall program for medical care which may be evolved, a resolution was adopted at a meeting of the American Pediatric Society in September, suggesting the formation of a committee of nine, representing the American Academy of Pediatrics, the American Pediatric Society, and the Medical Advisory Committee of the Children's Bureau: 'To assemble facts and develop con-

sidered opinions on post-war planning before the meeting of the American Academy of Pediatrics in November.'

"The committee appointed by the respective groups is as follows: From the American Academy of Pediatrics, Dr. Joseph S. Wall, Dr. Lee Forest Hill, Dr. Joseph I. Linde; from the American Pediatric Society, Dr. Borden S. Veeder, Dr. Warren R. Sisson, Dr. James L. Wilson; from the Medical Advisory Board of the Children's Bureau, Dr. Henry F. Helmholz, Dr. Allan M. Butler, Dr. Harvey F. Garrison.

"All are members of the Academy: five are pediatricians in active private practice of pediatrics and five are members of the E.M.I.C. Committee of the Academy."

"The Committee met on October 29 in Cleveland and on November 8 in St. Louis, and formulated the following report, which it wishes to present to the Executive Board of the American Academy of Pediatrics.

"A Consideration of Child Health in the Post-War Period

"OBJECTIVE

"To make available to all mothers and children in the U. S. A. all essential preventive, diagnostic and curative medical services of high quality, which used in cooperation with the other services for children, will make this country an ideal place for children to grow into responsible citizens.

"PROBLEMS

"A. A large number of children do not receive preventive and curative care compatible with present day standards of good pediatric care, because: I. The services are not available where they reside. II. The parents are unable to pay for the services. III. There is an unwillingness to use, or lack of knowledge of, available facilities.

"I. The services are not generally available where they reside, because of lack of:

"A. Personnel. Physicians, nurses, health officers, technicians.

"1. Physicians.

"(a) As private practitioners among children in the United States 2536 pediatricians are taking care of from 10 to 20% of the child population in their communities; 96.4% of these pediatricians are practising in communities of over 10,000 inhabitants. The remaining 80 to 90% receive preventive and curative care of

varying quality from general practitioners and public health agencies. In rural areas what care is given children is rendered by general practitioners with limited training in child care. One of the limiting factors is the age distribution of physicians in rural areas.

"(b) The need of increased facilities for better training in pediatrics in medical schools and hospitals, particularly in the post-war period.

"(c) The need of more adequate training of pediatricians in the field of mental health.

"(d) The need to educate the general practitioner to give better pediatric care.

"(e) The need to increase the number of men entering the specialty of pediatrics.

"2. Nurses.

"(a) Public Health Nurses:

"There is a need for the education and training of a greater number of public health nurses, especially those versed in the problems of child health.

"For every 5000 inhabitants in a community, there should be provided a public health nurse, with an ideal ratio of one to every 2,500 inhabitants.

"The development of training centers for public health nurses especially is urgently needed for rural areas.

"(b) Pediatric Nurses:

"There is need of nurses especially trained in the

care of infants and children. Particularly to be emphasized is the care of the premature and the newly-born infants.

"3. The need of training additional health officers is essential to any comprehensive child health program.

"4. The need of many additional trained technicians is evident if we are to supply adequate medical care in rural areas and in many urban communities.

"B. Facilities: Hospital, health centers, well child conferences, health departments.

"1. Hospitals: There is a need of:

"a. More beds for infants and children in general hospitals.

"b. Better facilities for the care of premature and newly-born infants.

"c. More adequate children's services in medical school clinics. The establishment of children's hospitals in association with general hospitals or medical school units is to be encouraged.

"2. Health Centers: There is a need for better integration of preventive and curative facilities in both rural and urban communities. In rural areas health centers should be developed at the periphery of a central hospital and administrative center.

In the health centers, physicians should have available such x-ray and laboratory services as are needed for common or simple diagnostic and therapeutic care in their practice. These centers should also be used for preventive services, prenatal, well baby, pre-school and school. Such a center should also be integrated with a central hospital. It should serve as a place for county medical society meetings, furnish offices for county and district health departments, and possibly for physicians. This scheme should eventually be worked out for rural and urban population alike.

"3. Well Child Conferences: In the rapid development of Child Health activities in this country, well baby clinics, or child health conferences, have performed an extremely valuable service, and in many places, such as rural areas and congested districts, must be continued.

"They should be developed in areas without well child care, to give this service and to be used as educational centers in such areas. It is realized, however, that their organization is not ideal, but a compromise under conditions of shortage of funds and personnel. Their activities should be carried out in conjunction with clinics where adequate facilities for the diagnosis and treatment of disease are available so that the same physicians can give continuous care in health and sickness. Our problem is to try to replace them

with complete Child Health Service such as exists in the best private pediatric practice.

"4. Health Department: There is a lack of proper districting of health departments. To insure the fundamentals for any state health program, it is necessary that each state be so divided into districts, that it is possible for each district to support a health department consisting of at least a full-time health officer having a D.P.H. degree and preferably an M.D. degree, a sanitary engineer, and a supervising public health nurse. It is desirable that each state and each district health department as the case may be have a pediatric consultant or advisor.

"B. Research: Because medical care is in the last analysis dependent upon medical knowledge, a basic problem in bettering pediatric care is the adequate support of pediatric research and the prompt application of new knowledge and techniques throughout all pediatric practice.

"C. Necessity of adequate remuneration of professional personnel. In the presentation of these problems, this joint committee wishes to stress the fact that adequate remuneration of all personnel rendering medical care is a prerequisite to better health of infants and children. Inadequate remuneration must ultimately lead to lower standards and less professional interest in an effort toward the better health of children.

The discrepancy that now exists between surgical fees on the one hand and free service to the indigent on the other has contributed in no small part to the problem of an equitable remuneration of physicians.

"D. There is need of proper correlation of housing, education recreation and nutrition with any program relating to child health.

"A. Education: The present impasse in the jurisdiction of school health between Boards of Education and Departments of Health, needs careful consideration by proper authorities at local, state, and federal levels, in order to establish a working basis between these bodies for an adequate school preventive and curative health program. Attention needs to be given particularly to the improvement of school health services in rural communities, in many of which they are practically non-existent.

"RECOMMENDATIONS

"I. Survey: That the American Academy of Pediatrics request the United States Public Health Service and the Children's Bureau to undertake with the Academy a survey in every state to determine the following information concerning the present situation and extension of per-

sonnel and facilities needed in each state to meet the objectives as stated.

"1. Distribution of children in rural and urban areas.

"2. Number and distribution of pediatricians, and number of general practitioners graduated since 1930.

"3. a. Hospital facilities in obstetrics, pediatrics and communicable diseases.

"b. Health centers.

"c. Prenatal clinics.

"d. Well child conferences.

"e. Method and rate of remuneration of professional personnel under a, b, c, and d.

"4. County and district health departments.

"5. Public health and pediatric nursing.

"6. Provisions for social services to make curative care available.

"7. School health services—status of, particularly in rural areas.

"II. That the Academy sponsor efforts:

"A. To increase facilities for better training in pediatrics in the medical schools and hospitals particularly in the post-war period.

"B. To educate general practitioners to give better medical care to children, through:

"1. Postgraduate courses in medical centers.

"2. Employment by state health agencies of full time pediatricians as teachers and consultants in regions without pediatricians and where high mortality rates prevail.

"3. To better the integration of Children's Hospital Services, medical schools and general hospital clinics. To better the integration of the obstetric and pediatric services in hospitals. To

better the integration of the preventive and curative care of children.

"4. To emphasize child care in the Medical School curriculum.

"III. Administration of details of Children's Health Services should be determined by physicians, agencies, and the people at the local level as children's health care cannot be administered by remote control, at the state or federal level.

"IV. The qualifications as to admission to the Child Health Conferences should be determined at the local level.

"V. Mental Health: More facilities should be developed for the training of pediatricians and general practitioners in the field of mental health. Special emphasis is needed for the development of teachers in this field.

"VI. The financing of such extension of medical services for children cannot be reduced to any one simple formula. It may be provided for by direct payment to the physician by or for the individual receiving the services, by the extension of voluntary insurance plans on a local level, by compulsory insurance plans (extension of social security), by direct taxation on local or state level, by federal grants in aid from tax funds as a joint responsibility of local, state, and federal government. The determining factor should be the situation existing at the local level and undoubtedly a combination of the various methods of financing may be needed in many places.

"VII. National Department of Health and Welfare:

"The need of correlating of all health and welfare agencies at the federal level is such that a National Department of Health and Welfare of cabinet rank should be established."

NOTES

ENCYCLOPEDIA OF CHILD GUIDANCE. Edited by Ralph B. Winn, Ph.D. Published by Philosophical Library, 15 East Fortieth Street, New York, 1943. 465 pp. \$7.50.

Psychologists, social workers, educators, and others interested in the theories of child development and the practice of child guidance will find this encyclopedia a reference book of interest. The material presented has been contributed by more than 70 individuals in various fields related to child development and guidance. A bibliography is included with each subject.

FOUR- AND FIVE-YEAR-OLDS AT SCHOOL. Association for Childhood Education, 1201 Sixteenth Street, NW., Washington 6, 1943. 28 pp. 35 cents.

What 4- and 5-year-olds are like, what some of their educational needs are, what makes a good school environ-

ment for them, and how their experiences in kindergarten may be related to their next school experience and to their home are discussed in a 28-page booklet designed to be of interest to both school people and parents.

Because of the concrete nature of the material a third type of audience should profit: Volunteers in wartime child-care centers will find in it many suggestions to give them added insight into the children with whom they are working. The major part of the booklet was written by Neith Headley, head teacher of the kindergarten, University of Minnesota Institute of Child Welfare, and the rest by Viretta C. Van Dorn, a kindergarten teacher, and Lucy Leslie, a first-grade teacher. A bibliography of recent books is included, and the bulletin is made attractive by Miss Headley's block prints of children at play.

WHAT MAKES A GOOD HOME and WHAT MAKES GOOD HABITS—THE BEGINNING OF DISCIPLINE. Child Study Association, 221 West Fifty-seventh Street, New York 19, N. Y. 23 pages each. 15 cents each; 25 cents for both.

These two illustrated booklets, written in simple language, offer sympathetic suggestions on ways of meeting parents' wartime problems as well as their problems in normal times. These suggestions should be reassuring and heartening to perplexed mothers and fathers who are trying to do their best under harassing conditions.

What Makes a Good Home? emphasizes that adults should try to remember what it was like to be a child and realize that a child needs help in facing even such situations as moving to a new neighborhood, not to speak of such serious ones as absence of the father from home. It briefly suggests children's need for play and friends and humor—and likewise the parents' need for these things.

What Makes Good Habits—the Beginning of Discipline touches briefly but effectively on the various items of a child's schedule—eating, sleeping, going to the toilet—and does not omit the familiar old bogeys of thumb sucking, disobedience, and jealousy.

Although both booklets suffer from the oversimplification inevitable in such compressed treatment, they gain by the lightness of touch with which they are written. The U. S. O. Division of the National Board of the Y. W. C. A. cooperated with the Child Study Association in preparing the two publications.

EDUCATION AND HEALTH OF THE PARTIALLY SEEING CHILD, by Winifred Hathaway. Columbia University Press, New York, 1943. 215 pp. \$2.50.

In this book Mrs. Hathaway, associate director of the National Society for the Prevention of Blindness, explains the principles underlying educational procedures and health services for partially seeing children and shows how they may be applied to further the education and health of these children, whether they live in cities, towns, villages, or isolated rural areas.

Various chapters deal with methods of finding partially seeing children, classification, program planning, administrative problems in small communities and rural areas, school health services for visually handicapped children, equipment of classrooms, special teaching methods, child guidance for partially seeing pupils, and the role of community social-service agencies and organizations.

The book is intended for the use of administrators, supervisors, teachers, nurses, social workers, and others concerned with the welfare of children.

The book is well illustrated, contains helpful suggestions regarding sources for obtaining special materials and equipment, and has a full glossary of technical terms relating to the eye.

FOR THE CHILDREN'S BOOKSHELF; A BOOKLIST FOR PARENTS. Bureau Publication 304. U. S. Department of Labor, Washington, 1944, 24 pp.

This is not a list of all the "best" books, but merely some good books of each kind, grouped with reference to children's interests and to their varying levels of developments. It was prepared by Mrs. Marion L. Faegre of the Division of Research in Child Development, with the assistance of Nora E. Beust of the United States Office of Education.

"Let's Do It Now" SERIES, by Eva Knox Evans. Publication Committee, West Georgia College, Carrollton, Ga.

This series of pamphlets, illustrated in color and black and white, has been made possible through the cooperation of the Julius Rosenwald Fund. They are written with the help of children and teachers in rural elementary schools of Carrollton County, Ga. Two of these pamphlets, which will be of special interest to readers of *The Child* are "The Doctor Is Coming" and "Let's Cook Lunch."

"The Doctor Is Coming" interprets a school medical program for the young child. Health is presented in poster terms. The child's anxieties about undressing and about immunization are dealt with reassuringly. School health staff will find this a useful implement. (1943. 17 pp. Single copies 15 cents. Sets of 25, \$2.50.)

"Let's Cook Lunch" outlines in nontechnical language the steps to be taken in initiating a school-lunch program in one- and two-room rural schools. Specific suggestions on making the necessary equipment, planning simple meals, obtaining the food, and planning the work are included. Emphasis throughout is on pupil participation. (1944. 46 pp. Single copies 25 cents. Sets of 25, \$3.75.)

HOSPITAL AND HOME CARE OF PREMATURE INFANTS: A PLAN FOR COORDINATION. Children's Bureau Folder 33. U. S. Department of Labor, Washington, 1944. 4 pp.

The prolonged hospital care required by many premature infants and their need for special care at home involve problems which have become more difficult under present conditions. The purpose of this folder is to assist the medical, nursing, and social-service staffs of hospitals, and outside physicians, in making careful plans that will safeguard the health of premature infants after their discharge from the hospital, in giving mothers the instructions necessary for the care of their infants, and in determining the time of discharge according to medical criteria, the physical standards and equipment of the home, and the availability of medical-social or case-work services.

CHILD BEHAVIOR AND DEVELOPMENT. Edited by Roger G. Barker, Jacob S. Kounin, and Herbert F. Wright. McGraw-Hill Book Company, New York and London, 1943. 652 pp. \$4.

In this volume reports of 34 selected studies in the field of child behavior and development are presented, primarily for the use of college students, with an initial chapter on the history and future of research in child development. Each report was prepared by the investigator who conducted the study.

The selections were based on responses from 52 members of the Society for Research in Child Development, each of whom was asked to submit a list of the six studies which in his or her opinion would have the greatest value as basic reading material for college students. The editors took the responsibility of making the final selections in the fields in which a number of studies were nominated with equal frequency and also of selecting studies in the fields in which nominations were not made.

As the preface says, "the reports are not essays about research. Each of them is an account of the procedures, results, and conclusions of a particular investigation. Their purpose is to represent not only the products but also the processes of research."

• **SOCIAL SERVICES FOR CHILDREN** •

Leisure-Time Activities for Children and Youth as a Concern of a State Department of Public Welfare

BY ELIZABETH THOMAS

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NOTE.—This article discusses a new function in Colorado's State child-welfare organization; namely, consultation service to communities with regard to group leisure-time activities for children and youth.

For a State department of public welfare, through its division of child welfare, to be interested in services to groups of children as well as services to individual children is a natural outgrowth of its responsibility for community welfare. Such a department, if administered progressively, fulfills its responsibility to every community in the State by making its services available to every person in the community who needs them, irrespective of age, sex, race, or creed, or of social or economic status. In rural communities, where the county department of public welfare is likely to be the only organized agency in the field of social welfare, this responsibility is especially marked.

With this general responsibility in view Colorado's State Department of Public Welfare has developed in its division of child welfare, as a new area of service, leisure-time activities for children. A child-welfare program within the framework of a State department of public welfare is interested in the child in his own home, or in a foster home, or in an institution. It is interested in the child at school, at work, and at play.

Community leisure-time services usually fall within the responsibility of a local public recreation department or the schools, and the private youth-serving organizations. The latter are usually member agencies of the Community Chest and Council of Social Agencies where such organizations exist. Churches and civic and social organizations supplement opportunities for leisure-time activities. In rural areas the 4-H Clubs, the Future Farmers, and the Farmers Union may provide for recreation and group activities.

A public welfare department as a community organization is concerned with existing needs in

social welfare. It determines the resources available to meet these needs. It discovers where there are gaps that need to be filled and proceeds to initiate new services and strengthen existing ones in order to provide as nearly as possible adequate service to the individual.

The over-all relationship of a local department of public welfare to the agencies and groups operating in the area of leisure-time services is a working relationship. If, as in some isolated communities, there are no leisure-time services available, the department of public welfare begins to work toward the creation of such services. In other communities, where leisure-time services are available under public and private auspices, the department of public welfare works toward strengthening these services and effecting their closer integration.

The department of public welfare is a "user" of these services in that it refers children under its care to recreation and group-work agencies. The department of public welfare interprets the value of leisure-time opportunities for all children to the community and enlists the public's support of this part of the community social-welfare program. It is not difficult to see that the activities of a department of public welfare in the area of leisure-time services on the State and local levels can be of great value to the recreation movement as a local, State, and National development. The services of a qualified social group worker within the department of public welfare may be necessary to assist the department to carry out its responsibility in this area.

A social group worker is a social worker trained to work with individuals in groups, usually within the framework of a group-work agency in the community, according to that agency's function, on the basis of meeting continuous and permanent needs. The group worker aims toward the adjustment and development of the individual members

within the group setting. He or she also deals with the problems of inter-group relationships that come from both the agency and the community and provides help in evaluating progress in relation to certain objectives for the individual and the community.

munity in order to bring about closer integration of group-work and case-work services.

2. To assist in the development and strengthening of adequate leisure-time services to *all* children.

3. To give consultation in methods of group



A Fair Wind on a Hillside

The Child Welfare Division of the Colorado State Department of Public Welfare, with an over-all concern for children in Colorado, felt that an important service within all areas in a community was provision of leisure-time opportunities. As a step toward carrying out its responsibility for this service as a part of community child welfare the Child Welfare Division, on August 1, 1943, placed on its staff a group-work consultant.

A consultant in group work acts in an advisory capacity in the area of leisure-time services. When the group-work consultant joined the State child-welfare staff, her functions were outlined as follows:

1. To interpret to the local child-welfare units in the county department of public welfare the recreation and group-work resources in the com-

munity in order to bring about closer integration of group-work and case-work services.

2. To assist in the development and strengthening of adequate leisure-time services to *all* children.

3. To give consultation in methods of group

organization in communities and in the State as a whole, such as assistance to community organizations for social welfare including councils of social agencies, county child-welfare advisory committees, individual social agencies, church and civic groups; and to relate the work of such agencies to the State department of public welfare.

The way in which these functions were to be carried out was dependent on two factors (1) the organization in which the consultant was to operate—that is, the Colorado State Department of Public Welfare and, within it, the Child Welfare Division, and (2) the extent to which the individual communities and the State as a whole had assumed responsibility for the provision of leisure-time services and the development of a basic child-

welfare program as an integral part of total community social welfare.

The Child Welfare Division is one of seven divisions operating within the Colorado State Department of Public Welfare. This division has a director, a case consultant, and four district consultants, as well as the group-work consultant. The district consultants are responsible for total coverage of the State, which includes 63 county departments of public welfare. In 15 counties there are child-welfare units. One of the district consultants is responsible for work in those counties in which there is no child-welfare unit. The district consultants were seen as the key persons to interpret the services of the group-work consultant in the county departments of public welfare.

The working arrangement has evolved as follows: After the district consultant has made such an interpretation the county director of public welfare, through or with the child-welfare worker, invites the group-work consultant to visit the community. The director usually participates with the consultant and the child-welfare worker in making and carrying out plans for leisure-time services according to the particular community situation. The county director may also furnish information on these services to the district representatives of the State department of public welfare.

With regard to the total work-load of the consultant, the important considerations are:

1. The characteristics of communities; the size, the centers of concentrated population, the number and spread of the smaller communities, and the distinctly rural areas.
2. The distribution of ethnic and religious groups.
3. The number of trained workers in the field of recreation and group work in the communities.
4. The extent of development of the public-welfare program and of the child-welfare program in the State.
5. The extent of interest in child-welfare and leisure-time services that the State of Colorado presents in the light of the historical development of programs for children in the State.

With reference to the development of programs in individual communities it was important for the group-work consultant to identify and measure leadership within the group-work and recreation field. It was also important to find out the degree to which individuals and groups had learned to work cooperatively. Community attitudes had to be understood in terms of their effect on the development of a social-welfare program as a whole for children.

Since her appointment in August 1943 the group-work consultant has worked in eight communities representing a large part of the population of the State outside of Denver and including the two next largest cities. The largest of the eight communities is a city of 40,000, the smallest a village of some 250. Geographically they represent the northern, western, and southern parts of the

State. They include a small mountain community, a mining town, a resort town, an industrial center, and small farming communities.

The department of public welfare is operative in each community. The types of organization for social welfare include a council of social agencies in the largest city and an organization around a county child-welfare advisory committee in the medium-sized community. In the smaller and so-called unorganized communities the program was developed either on an individual-agency basis or through an organization of individuals and groups brought together to meet immediate needs.

Colorado Springs

In Colorado Springs, with a population of approximately 40,000, a 3-month survey of community social welfare was conducted. The role of the group-work consultant was twofold—to advise on group methods and organization with regard to the survey proper, and to assist in the survey of the group-work agencies. Another member of the Child Welfare Division was a co-worker, assisting in the survey of the case-work agencies.

In the summer of 1943 the Social Protection Committee of the Council of Social Agencies investigated some areas of need in community social welfare, especially those related to the war. On the basis of the findings the committee reported need for counseling services, particularly in regard to day care for children, and recommended the employment of a counselor. It also recommended that the Council of Social Agencies sponsor a survey of community social welfare as a whole.

A meeting of the Council of Social Agencies was held at which the two staff members of the Child Welfare Division were requested to discuss the proposal for a community survey. It was agreed that a study would be made by citizens of Colorado Springs, with the two staff members of the Child Welfare Division providing technical assistance. There was mutual acceptance of the method to be used and the leadership necessary to carry out the study.

Organization of the survey.—After this general meeting, the two consultants called together 15 key persons in the community, and identified and discussed with them general community problems and the method of group study and obtained their unanimous agreement on the plan. The general organization for the survey consisted of a family section; a children's section, including leisure-time services, and a committee on minority groups whose dual function was to work within the committees of the family and children's sections and as an independent group. A central committee, with representation from each of the committees

within the sections, acted as a coordinating agent and passed on each committee report before its incorporation in the final survey report.

Representatives of the schools, the churches, the police, the courts, the children's institutions, the social agencies—including lay and professional workers—were among the 125 persons who participated in making the community study.

Each committee mapped out its area of work according to its particular assignment and in relation to the other areas of work within the total survey. The work of the committees can best be described as fluid, with each meeting being planned and carried out according to the development of its own work, based on the material presented and the discussion which took place.

Adoption of the plan by Council of Social Agencies.—Fifty-two meetings were held in the 2 months before the report of the survey group was presented to the Council of Social Agencies. The report was accepted with the recommendation that a follow-up evaluation be made later, based on the findings and recommendations in this initial survey and on the developments in community social welfare in the interim period.

An important development was the adoption of the total committee structure of the survey by the Council of Social Agencies as its own organizational structure and the transfer of the membership of the survey group in toto into the organization of the Council of Social Agencies. This involved adoption of the plan by the executive committee of the Council of Social Agencies and acceptance by the survey workers of membership on committees within the Council of Social Agencies.

The community survey resulted in (1) a plan for a continued process of community study, planning, action, and evaluation; (2) a unification of—and mutual respect between—groups and individuals within the community, and (3) a better-informed leadership in community social welfare.

Participation of group-work agencies.—The group-work agencies operating in Colorado Springs are: The Young Women's Christian Association, the Young Men's Christian Association, the Boy Scouts, the Girl Scouts, the Boys Club, and the Salvation Army. As these agencies are members of the Council of Social Agencies, they were included in the group of agencies to be surveyed.

A general questionnaire in regard to organization, program, and leadership was sent to each agency participating. A questionnaire was also sent to the director of the War Recreation Committee, who was responsible for the public recreation program, in view of that program's relationship to the private group-work agencies and its

importance as a part of the total community leisure-time services.

The executives of each of the private agencies were interviewed by the consultant. In this interview the purpose of the survey was pointed up through a discussion of the agency program, with the questionnaire used as reference. The values of cooperative work among the leisure-time agencies were realized through these interviews with the result that the agency executives agreed to look upon the survey as a tool to bring group-work people together, and thereupon planned the first meeting of group-work representatives.

At this time agency representatives, including lay and professional members, discussed their own agency programs and their relationship to the community program.

The group-work committee made the following recommendations:

(1) It was agreed that there was need to have specific information relative to the characteristics of the population to be served in terms of age groups and families, their distribution geographically, the extent of their participation in leisure-time activities, and unmet needs and interests of children and youth.

(2) The committee wanted to define private-agency functions and to understand those of a public recreation department in order that a working relationship between these agencies might be evolved.

(3) There was the need for the group-work committee to continue as the group organization concerned with leisure-time services and to relate the group-work agencies to other social agencies or community organizations serving children, such as the child-welfare unit of the county department of public welfare, the health agencies, the schools, the police, the courts, and the churches.

Therefore, the group-work section of the Council of Social Agencies was reactivated as a direct result of the survey. Monthly meetings of the group-work executives were provided for; committees were organized on neighborhood planning, leadership recruitment and training, and camping, and a cooperative teen-age program was set up.

Trinidad

In Trinidad (population approximately 15,000) primary concern was expressed in regard to needs in community leisure-time services by a strong, representative citizens' group—with definite movement toward assumption of responsibility for leisure-time services to all children and youth.

The following illustrates how the consultant in group work functioned in response to the needs expressed by the citizens' committee.

Help requested by youth group.—A letter from the child-welfare worker requested the services of the consultant, stating that "Las Animas County

is very anxious to start a youth center or a teen-age club. The high-school students are especially interested in it. However, the young people feel that they have gone about as far as they can by themselves. They are eager for adult guidance and counsel."

At the same time came a letter from the school superintendent: "Several weeks ago, the Las Animas County child-welfare advisory committee, of which I am a member, held a rather lengthy discussion concerning the possibility of the establishment of a youth center or a 'teen-age' canteen in this community. If the youth in our community show sufficient interest in such a project, I was wondering if you might be available to come into our community and spend some time here, with the result that we might profit by your suggestions."

A third request came, upon the worker's arrival in the office of the county department of public welfare in Trinidad, stating that "the county judge wished to confer with the worker." This request was with reference to a boys' club project which the Eagles, a civic organization, planned to sponsor.

The temporary chairman of the youth group and members of the subcommittee of the child-welfare advisory committee met to plan for the establishment of the youth center. The youth committee chairman expressed the need for technical help on "how to go about getting the center under way." She indicated that the youth group needed support in carrying out something it had started. She particularly wanted to know how to insure participation in the center program by all groups of youth.

Development of the youth center.—A meeting was held with a youth group which was representative of the total community. The consultant discussed a teen-age center on the basis of the experience of other communities and helped them make their plans. A permanent chairman and a planning committee were elected, and the time and place were set for the organizational meeting.

The relationship of the adult advisory group to the youth group was discussed, and the adult group decided to "stand by" to help when the youth group asked for their assistance.

The youth committee developed its own organization—including program, operation, membership requirements, and finances. However, they experienced difficulty in finding a place for the youth center, but after a while temporary quarters were made available, and finally a permanent center was established. The adult sponsor for the group, who helped them develop the center, is a member of the child-welfare advisory committee.

Conferences were also held with the county judge, who has assumed leadership of the boys' club, and advisory assistance has been given him.

Continued concern is expressed by the citizens' committee for leisure-time services for the total child population, with special reference to the Spanish-speaking children and youth, who make up some 60 percent of the total population. A request has been made by the county department of public welfare for assistance in meeting this over-all need.

Dillon

The Dillon program is an example of work in a sparsely populated county. The program was based upon intelligent participation by adult citizens who encouraged imaginative use of what resources were available. The consultant assumed active leadership to give technical assistance to interested lay workers.

In this, a small mountain village, located in Summit County, the consultant, after a conference with the director of the department of public welfare, was invited to attend a "mass meeting" sponsored by parents because of their concern about the lack of recreational opportunities.

Club and interclub activities.—From this beginning there evolved a rather unusual organization of six small club groups, which include in their constituencies nearly every youngster in the community. The adult advisory leaders were chosen by the youth themselves with the help of an advisory committee.

Individual club organization meetings were held within 3 weeks of the consultant's first visit, and club activities were initiated with the Town Hall serving as a clubhouse. A leaders' meeting brought out questions on "house organization," such as the use of clubrooms, the responsibility which the various groups would assume in the drawing up of a club constitution, and finances. One of the clubs, the Lariat Club, had made \$35 on a "box social" and wanted to "fix up" one of the clubrooms. But, they asked, would it be theirs after they redecorated it?

The first interclub project was a variety night in May. The Fourth of July was celebrated on a county-wide basis in a program sponsored by the clubs and the recreation board.

The latest communication from the director of the department of public welfare says: "Three girls and a boy from a neighboring community came to my office to ask my help and suggestions about a club that they had formed. When I suggested that they join with Dillon, they said that the 'Dillon girls' had said that they didn't want

them and that if they were invited now, they would not join. I told them that I would try to arrange with you to talk with their parents when you next came." This indicates a spreading interest in the club idea. The attitude of the "Dillon girls" is a typical situation in which a leader has to work directly with a club group.

Volunteer leadership in a small community.—The following description of one of the six clubs in Dillon demonstrates how a club in an unorganized community operates almost solely with the help of volunteer leadership.

The Lariat Club, of which the Dillon girls are members, consists of eight girls 14 to 16 years of age. The leader, chosen by the membership, is an intelligent and understanding young mother. The club has weekly meetings, usually supper meetings, in the homes of different members. The club holds dances and game nights, plays basketball, and rides horseback. In previous years these girls from Dillon had gone to high-school proms with men much their senior—miners and highway workers. This year, the leader, through the club, encouraged them to go with boys of their own age, inviting the girls to dress for the dance at her home and the boys to send corsages there.

A conference of the Lariat Club leader, the director of the department of public welfare, and the consultant contributed to the understanding of the individual girl in the club group, with a knowledge of the family background and social situation in the community. On the basis of this conference, it was decided that there was need for a program to strengthen the mother-daughter relationship, and the club planned to have a mother-daughter banquet. It was also suggested that some opportunity be given the group to discuss boy-girl relationships.

The account given here of the work in three

communities, particularly Colorado Springs, provides illustrations of the development of leisure-time services as a part of social-welfare work as a whole. It may be said that Colorado communities are "on the move" but have some distance to go in carrying out the objectives they have set in providing more adequate leisure-time services for all children.

There is need for (1) over-all community planning, with the coordination of all groups and agencies operating in the field of leisure-time services and (2) correlation of the services of all agencies concerned with the welfare of children.

Coordination and correlation of services are based on a *continuing* relationship, which is dynamic rather than static. The degree to which this can be brought about in a given community may vary. The picture is particularly high-lighted during the war period when there is great change within agencies, such as turn-over in personnel and demand for expansion of the program and for adaptation of it to meet emergency needs.

Concentration of efforts in strengthening leisure-time and child-welfare services should be centered in the individual communities. Work on a State level should support the activities in individual communities through advice and consultation on leisure-time services.

This report of a year's work by the group-work consultant on the staff of Colorado's State Department of Public Welfare has been written to show the relationship of State and local welfare services to the development of leisure-time services, by setting forth: (1) The philosophy and function of public welfare and child welfare; (2) the relationship of leisure-time services to other areas of child-welfare services; (3) the functions of a State consultant in group work, and their operation within the structure of the department of public welfare; (4) a description of work in three individual communities.

Plan For Memorial to Mary Irene Atkinson

With the purpose of developing an enduring memorial to a great social pioneer, the late Mary Irene Atkinson, formerly Director of the Child Welfare Division of the Children's Bureau, a committee has been formed under the chairmanship of Robert T. Lansdale, Commissioner, New York State Department of Social Welfare, with Katharine F. Lenroot, Chief of the Children's Bureau, as honorary chairman. The committee has decided that the most suitable memorial to Miss Atkinson would be a published collection of her

writings, which would make available to the young people of today and tomorrow those expressions of her spirit and social philosophy which are preserved in her formal papers, her field reports, her letters, and her other writings. Such a volume is being prepared by an editorial committee headed by Cheney Jones and will be made available to young people in colleges, schools of social work, and social agencies. A leaflet has been published by the sponsoring committee, outlining the plan and inviting interested persons to participate in the memorial.

• YOUNG WORKERS IN WARTIME •

A Judge Speaks to a Bowling-Alley Proprietor on Child Labor

NOTE.—The proprietor and the manager of the bowling alley concerned were found guilty of illegally employing as pin setters two brothers, one 12 years old and one 15, and permitting them to work until midnight.

"Mr. X, as the proprietor of a bowling alley, I think you know that the public in general realizes the difficulty you have in securing employees to act as pin boys. The mere fact that you have difficulty in securing pin boys who can legally do that work does not excuse you, however, under the law, from employing boys who are doing the work illegally. . . . When you employ boys of this age you are dealing in the black market the same as any man in business who has only a limited supply of materials to sell but who disregards the restrictions and buys and sells in the black market. . . . What you have done is to deal in the human black market. . . .

" . . . It may be that you have done what you could toward securing the proper type of help. . . . When these boys work beyond certain hours, that prevents them from being in condition, physically and mentally, to go to school the next day. Boys of this age require a certain amount of sleep.

"Of course, these boys are anxious to work and earn a little money, but when they do that many of them no longer want to go to school. Fortunately, these boys were only absent from school for a short period of time. They remained away from their homes and from school for—I think—4 or 5 days and nights. You can realize, as we all

realize, Mr. X, that boys who sleep in a factory instead of sleeping at home are going to get into serious difficulties . . . having a little money, they stay away from school and lead an independent life. In order to continue in this kind of life they need money, and they sometimes turn to other means to obtain that money—even to the extent of snatching purses and things of that kind in order to have money so they may be independent and stay away from home. They remain away from home and from school.

"There is nothing wrong in a boy's setting up pins in a bowling alley at certain times. . . .

"You are no doubt a successful business man and have invested a lot of money in your business. No one wants to take it away from you. Probably there are times when your inability to get the help you need may cause a curtailing of your business and a curtailing of your profits. At the same time, my suggestion to you is that you bend over backward, if necessary, to observe this law. You can do it, although you may have to turn some people away from your bowling alley. . . . It will be a sacrifice. But it is a sacrifice that every man has to make today. As manager, Mr. Y, you will have to be more careful and see that these boys whom you employ have certificates. . . . You have been warned and you must realize that if you come back on the same charge it is going to be much more serious for you both. I will fine Mr. X \$200 and Mr. Y \$25."

BOOK NOTES

THE LEGAL EMPLOYMENT OF CHILDREN AND YOUTH. Publication No. 113, Public Education and Child Labor Association, 1505 Race Street, Philadelphia 2, 1944. 15 pp.

In an effort to promote better understanding of child-labor standards on the part of the public in Pennsylvania, the Public Education and Child Labor Association presents a booklet of facts about both Pennsylvania regulations and Federal regulations affecting the employment of young persons. In simple and usable form, it summarizes the provisions of the State child-labor law and the administrative rulings issued thereunder by the industrial board of the State Department of Labor and Industry. The age and hour regulations are shown ac-

cording to the age groups to which they apply. The requirements for employment certificates and the procedures for obtaining them are also given. The booklet concludes with brief summaries of the child-labor provisions of the Fair Labor Standards Act of 1938 and of the Walsh-Healey Public Contracts Act.

USABLE REFERENCES FOR TEACHERS OF SPANISH-SPEAKING AMERICANS. Consumers League of Michigan, 222 Louise Avenue, Highland Park, Mich., 1944. 6 pp.

Includes a section entitled, "Backgrounds—Economic, Social, and Historical," listing books and pamphlets on conditions among Spanish-speaking child workers, especially in Michigan and nearby areas.

• THE WORLD'S CHILDREN •

EL SALVADOR

National Child Welfare Association

The National Child Welfare Association of El Salvador in 1943 conducted a campaign for the establishment of maternity clinics with provision for prenatal care, attendance at childbirth, and postnatal care, and for more extensive obstetric facilities in rural districts. The need for day nurseries was also stressed.

As the result of this campaign the association reports the establishment of eight prenatal clinics by the National Bureau of Public Health and two by other agencies. Training courses requiring 1 month have been organized for untrained midwives in rural districts. These courses are directed by an American nurse who also has training in midwifery. The cost of transportation and other expenses of attending such a course are paid by the National Child Welfare Association or, in some cases, by plantation owners. Training for midwives residing in the vicinity of the capital is paid for by the Inter-American Cooperative Health Service.

The association, which is supported for the most part by private contributions, also reports that obstetric facilities have been set up in several localities, and that day nurseries for children of working mothers have been opened in a number of industrial establishments. Steadily growing interest in child welfare was manifested in the holding of the First National Child Welfare Congress of El Salvador in 1943, in the inclusion of child welfare on the program of the recent Congress of Municipalities, and in the observance of a child-welfare week sponsored by the Rotary Club.

Memoria de la Asociación Nacional Pro-Infancia, 1942-43.

MEXICO

Deficiency Diseases Among Children in Mexico City

Of the 10,000 children who attended a children's clinic in a working-class district of Mexico City 5,500 were found to have deficiency diseases attributed to lack of proper food. After this disclosure a group of prominent physicians in Mexico City, members of the Mexican Society of Pediatrics, petitioned the President of the Republic to take measures toward relieving the food

situation as it affects children in poor families. Also, a meeting was called by the Society of Pediatrics and the Institute of Nutrition of the Department of Public Health and Social Welfare, and a memorandum was prepared, calling the attention of the Government to the prevalence of deficiency diseases among children of poor families in Mexico City.

El Nacional, July 7 and 8, 1944, and El Popular, August 12, 1944, both of Mexico City.

CHILE

Medical Services for School Children

New regulations for medical services for public-school children have been recently issued in Chile. These services are to be put into effect by the school physicians, under the direction of the Dirección General de Protección a la Infancia y Adolescencia, central agency for maternal and child-welfare work.

According to these regulations every child must be given a complete medical examination and mental test, upon entering school for the first time. In the examination attention is to be given to detecting defects of speech, vision, hearing, the digestive tract, the cardio-vascular system, and so forth. Examinations of the children's vision, hearing, and physical development are to be made annually or at intervals prescribed by the school physician. Every school child must be given annually a tuberculin test and an X-ray examination of the chest. Medical treatment is to be provided free for children unable to pay.

A health card must be prepared for each child entering school. On this card are to be noted all examinations and treatment given to the child, and other information relating to his health during the entire time he attends school.

The school physician, in cooperation with the education authorities, is to select those children who are to be sent to special classes for mentally retarded pupils or to open-air schools, those to be served school lunches, and so forth. He is also to supervise the diet of the children in the school lunchrooms.

Measures are prescribed for the control of communicable diseases in the schools, for health services for teachers, and for sanitary inspection of the school buildings.

Private schools are ordered to provide health services for their children and teachers similar to those prescribed for public schools.

Diario Oficial de la República de Chile, December 10, 1943.

BRAZIL

In-Service Training for Personnel of the National Children's Bureau

For the training of the personnel of the National Children's Bureau of Brazil the following courses have been recently established in Rio de Janeiro: A 1-year course for physicians employed in the Bureau's child-health services; a 4-month course for the social-service personnel of the Bureau's maternal and child-welfare services, and a course for the subprofessional staff.

O Jornal, Rio de Janeiro, Brazil, September 9, 1944.

Ruling Prohibits Admission of Boys and Girls to Poolrooms

The judge of the juvenile court of the Federal District of Brazil, which includes the capital, Rio de Janeiro, has issued a ruling that prohibits the admission of boys and girls under 18 to poolrooms. Fines are prescribed for the owners of establishments failing to comply with the regulation.

Correio da Manhã, Rio de Janeiro, Feb. 19, 1944.

Information Campaign on Child Protection

"Child protection" is the slogan of the 1944 information campaign conducted through the press and the radio by the National Children's Bureau of Brazil in cooperation with other welfare agencies to arouse interest in child welfare. The Bureau conducts such a campaign annually, concentrating on a special phase of child welfare each year. This year the phase selected is the problem of neglected and homeless children. The National Children's Bureau was established in 1940.

GREAT BRITAIN

New Education Law

A new order in education in Great Britain has begun, with the passage of the long-planned-for Education Bill, designated "a bill to reform the law relating to education in England and Wales." This bill received the Royal Assent on August 3, 1944. A summary of its provisions is planned for a later issue of *The Child*.

In addition to reorganizing the general system of public education the act provides that the minimum school-leaving age shall be raised from 14 to 15 years on April 1, 1945, and to 16 as soon

as practicable thereafter. However, because of the impossibility, owing to war conditions, of obtaining sufficient teachers by next Spring to take care of the increased enrollment, it is expected that a postponement of the effective date of the 15-year school-leaving age will be necessary.

This act repeals the Education Act of 1936, which was to have gone into operation September 1, 1939, but which was suspended because of the war emergency. The new act sets a higher standard than the prior act, which established a school-leaving age of 15, but permitted exemptions for certain types of employment.

Motion Picture, "A Start in Life"

A Start in Life, a motion picture issued by the British Information Services, shows what is being done in Great Britain to ensure that every child receives the proper care and education. British Information Services, 30 Rockefeller Center, New York.

AUSTRALIA

Recommendations on Optimum Hours and Rest Periods

The Australian Department of Labor and National Service has issued a statement giving the weekly hours and rest periods that it considers will bring about the highest output over a period of time. These conclusions are based on the observations made by production engineers in Australia. As regards young persons under 18, the statement notes that "the fact that they are employed with men and women who are working longer hours is not considered sufficient reason for permitting juveniles to work more than 44 hours per week." It suggests that, rather than permitting juveniles to work beyond this length of time, employers should, if necessary, take on part-time workers.

The Labour Gazette, Ottawa, Canada, February 1944.

PERU

Book Note

LOS NIÑOS; OPERA ET VERBA (Children; Deeds and Words) by Dr. Carlos Enrique Paz Soldán, Director del Instituto de Medicina Social de la Universidad de Lima. Ediciones de "La Reforma Médica," Lima, Peru. 1944. 483 pp.

The author, for many years a leader in maternal and child-health work in Peru, has collected in the present volume his lectures and speeches on that subject. The collected material describes various phases of the work of Government agencies and presents numerous recommendations for better services for mothers and children. Much space is given to the draft of the Children's Code now under discussion in Peru.

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THE CHILD

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THE CHILD

MONTHLY BULLETIN

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UNITED STATES
DEPARTMENT OF LABOR

FRANCES PERKINS, SECRETARY



CHILDREN'S BUREAU

KATHARINE F. LENROOT, CHIEF

• GENERAL CHILD WELFARE •

Current National Developments and Problems in Public-Welfare Services for Children¹

By KATHARINE F. LENROOT
Chief, U. S. Children's Bureau

When this war is over, every nation will be concerned about the stamina of its people and their capacity and preparation for the long, uphill road leading to the realization of the aims for which the war has been fought. Already conferences are being held concerning monetary, trade, and transport arrangements which will be possible among nations committed to the organization of the world for peace. Behind all such arrangements, and especially behind commitments for world security, determining their effectiveness or their futility, will be the character, intelligence, purpose, and will of the men and women who now make up the citizenship of the nations, and the children who will be the citizens of the future.

Sober consideration of these facts would lead us to conclude that the most important issues that will confront us at the close of this war will have to do with the children and youth of this Nation and of other nations.

In the United States there are 130,000,000 people, of whom 40,000,000 are under the age of 18 years. Forty-four percent of our people live in rural areas. We are a Nation of diverse races and national origins, a mobile people, migrating thousands of miles in search of jobs, cultural opportunities, climate, or even for the sake of a change. The population of our cities is replenished from the country, where the birth rate is higher but the chances for a comfortable standard of living, for health protection, education, professional and cultural advantages are on the whole inferior. Standards of living for many of our people are the highest in the world, but at the same time a substantial proportion live below the subsistence level. In 1939, more than one-third of the families that consist of a male head and his wife, with children under 18 years of age, and whose livelihood was derived entirely from salaries or wages, had incomes of less than

\$1,000 a year, and three-fourths had less than \$2,000.

Two groups of the population are predominantly among those having least access to economic security, education, community services, and social acceptability—the racial minorities, especially the Negroes and the Spanish-Americans, with post-war problems of Japanese-American children looming large; and the families of migrant agricultural laborers. Problems of urban migration for war work which are so acute will become even more serious, as far as economic and social problems are concerned, in the reconversion period. Next to the winning of the war the establishment of justice and opportunity for all, regardless of race or residence, is the greatest challenge to our American civilization.

Problems of family adjustment bearing heavily upon the emotional security and development of children will be very great in many families of returned veterans and of women war workers.

Evidence of the serious inadequacies in the health protection and medical care available to the children of this country is found in the rejection in a recent period of nearly 50 percent of the men examined for the armed forces. The groundwork for national health and physical fitness must be laid through a program that begins with prenatal care for the mother and extends through all the stages of infancy, childhood, and adolescence. Money invested in a comprehensive program that would assure access to health services and medical care for all, and in a nutritional program directed toward an adequate level of nutrition for all children and youth, would contribute more to physical fitness and national preparedness than any other one measure.

On the whole, we have accepted a standard of required school attendance higher than that of any other Nation in the world. There is widespread agreement that children should remain in school, or under school supervision if employed

¹Given at North Central regional meeting of American Public Welfare Association, Chicago, December 13, 1944.

part time, until graduation from high school or until the age of 18 years. On the other hand, large numbers of young men have been found unfit for military service because they were unable to read and write according to fourth-grade standards as established by the Army.

During the war we have not placed sufficient emphasis upon what a child needs from his mother and what contribution the mother makes when she devotes the major part of her time and attention to the management of a home and the care of young children. Wage policies and other economic foundations for family income should certainly be such as to leave a mother free to choose whether or not to divide her time between her home and gainful employment, and social attitudes should give full recognition to the importance of the parent-child relationship. Revision of public-assistance policies in this direction is urgently needed in many places. For children whose mothers are employed, for whatever reason, a broad and coordinated program of community services is essential, with guidance and supervision from State agencies and assistance from State and Federal funds. These services should be planned through community-wide committees, with the schools responsible for the development of nursery schools and kindergartens for children of preschool age, and extended school services for school-age children, available to all for whom they are appropriate and whose parents desire such services. In addition, for those children of working mothers for whom home and school services available are not sufficient, welfare departments have primary responsibility for making available such services and facilities as counseling service, homemaker service, day nurseries, and foster-home care. Experience has shown that group care is not appropriate for infants. Infants need individual care and mothering such as can be provided in a foster home.

Child labor has trebled during the war, and must be curtailed in the reconversion period. Plans must be made for young workers who may face unemployment during demobilization and for those who will be ready to leave school at that time. The problems of adjustment for these young workers may be as serious as the problems of returning veterans. Educational and vocational plans for youth will be greatly affected by whatever decisions are made with reference to universal military training or military service.

Many children, hundreds of thousands, lack entirely the protection of their natural parents by reason of death or other circumstances. It is of the utmost importance that all services for these children be reviewed and maintained at the highest possible point of effectiveness. During the

war the child-caring institutions and agencies of this country have had their services seriously impaired by personnel shortages, lack of foster homes, and in many cases a greater volume of service required. Problems of illegitimacy and juvenile delinquency have reportedly increased. We have as many children in jail today, and detained under as bad conditions, as we had, I venture to say, two generations ago. These conditions cannot be tolerated after the war has been won—they are serious drains on the national well-being in wartime. We must take the opportunities presented in the period of reconversion to review and strengthen in every possible way those services which represent the special responsibility of society for children without parental care, guidance, and protection.

Legal procedures as well as social services need to be revamped to accord with our present resources for understanding and meeting children's needs. Some progress has been made in recent years in improving adoption procedures and placing certain responsibilities with reference to adoption on the State welfare departments. The law of guardianship and its administration have not been affected materially by modern understanding of the needs of children and the principles of social service. Studies of the administration of guardianship services and the needs of children in receipt of benefits of various kinds who do not have the protection of regular guardians should be made, with a view to developing recommendations for State, and possibly Federal, legislation.

We have shamefully neglected the development of comprehensive programs for the mentally deficient of whom there are hundreds of thousands under the age of 20 years, most of them without any social care or protection. We have hardly made a beginning in meeting the social needs of physically handicapped children and are reaching only a small proportion with medical care and educational service. Child-guidance services in this country are woefully inadequate. There are not more than 40 full-time child-guidance clinics in this country staffed by psychiatrists, psychologists, and psychiatric-social workers and accredited for training personnel.

For all these services we have an immense task in recruiting and training personnel, and providing in-service training and supervision for those who must be employed without having full professional qualifications.

Recreation and leisure-time services have been found more than ever necessary to counteract wartime strain and insecurity. The relationships between case-work and group-work agencies are seen as of greater importance than formerly.

War, or other crisis, reveals the impossibility of maintaining services in watertight professional or administrative compartments. Child care, juvenile delinquency, protection of employed youth in agriculture or in industry, programs of medical care for the wives and infants of the men in the armed services, all reveal the necessity of planning and cooperative activity that includes many different public and private agencies and many professional groups. Social needs come to the surface in widespread health programs and must be met if health service is to be fully effective. The police, facing unprecedented needs for service to children who are delinquent or in need of protection, find barriers of lack of understanding on the part of social agencies and gaps in their services. Ways must be found for bringing closer together in understanding and program the health, educational, recreational, social-welfare, and law-enforcement agencies.

What are the responsibilities of State and local welfare departments with regard to this multiplicity of problems, many of them not seeming to come clearly within the scope of any single agency?

Under our form of government the States have greater power than either the Federal or local governments to assure to children or to other weak and helpless people freedom from neglect and abuse and greater power to assure care when natural protection or guardianship is lacking or inadequate. The States, under our legal system, took over certain responsibilities and powers which in English law had been vested in the Crown. This fact lends added weight to the importance of relating Federal action in behalf of children to State programs and services, as is possible under a grants-in-aid system.

As Grace Abbott pointed out, the State has recognized certain obligations toward children in fields of education, employment, and health. "For these children who are wholly dependent upon the State, who are especially handicapped by reason of birth or physical or mental defect, who are becoming delinquent or are delinquent, the State has a special responsibility."²

Generally speaking, however, Miss Abbott pointed out, the State has undertaken to provide for children requiring special care only when the evidence of need makes such care inevitable. State departments of social welfare developed in the latter half of the nineteenth century around an institutional program. Later placing-out systems were developed, the State boards of charity were given general powers of investigation and

recommendation with reference to charitable and correctional institutions and child-placing agencies, and later were given responsibility for licensing and inspection of boarding homes, agencies, and institutions, approval of incorporation of charitable organizations, and in some States supervision over local public institutions. About the time of the last war, a movement for county organization and public-welfare or child-welfare services related to State welfare departments, developed in a number of States, including Alabama, North Carolina, Minnesota, and New York. Certain responsibilities for mothers'-aid administration were vested in State welfare departments in many States prior to the passage of the Social Security Act.

Functions of institutional care, child placing, child protection, and in some States assistance in the development of local services for children were the chief ways in which public welfare departments touched the lives of children prior to the great depression. Then came the era of development of State welfare agencies whose duties in the administration of relief and public assistance far overshadowed their other functions. Frequently special State agencies were set up with relief functions alone, later to be merged with or to transfer their duties to State welfare agencies. To quote from Grace Abbott's discussion of the administration of child-welfare services:

"The danger is always that the children's program, although of basic importance, may be overlooked or ignored as the pressure of numbers receiving general relief or old-age assistance and of the public interested in the aged and unemployed may absorb the attention of Federal, State, and county directors to the exclusion of other important and necessary programs.

"Except for the fact that the Social Security Act provided for the Federal grants-in-aid for child-welfare services and thus made possible increases in the professional staff of the child-welfare divisions or bureaus in the State departments as well as more assistance for county programs, the children's services, although better developed than the general public welfare services before the depression, might not have shared in the general advance of the last few years.

"Children, it should be repeated, are not pocket editions of adults. Because childhood is a period of physical and mental growth and development, a period of preparation for adult responsibility in public and private life, a program for children cannot be merely an adaptation of the program for adults, nor should it be curtailed during the periods of depression or emergency expansion of other programs."²

Social work, at first under private auspices, has developed a philosophy and a method of dealing with human problems which we term "social case treatment." The values of this philosophy and this method have become increasingly clear as we view a world in which families and individuals

²Abbott, Grace: *The Child and the State*. Vol. II, p. 611. University of Chicago Press.

²Ibid., pp. 618-619.

have had their lives broken, uprooted, diverted into new relationships and modes of thought and behavior. The need for social case treatment will be so great in the years just ahead, that we must do our utmost to clarify its function and the way in which it may be developed to be of maximum service to all who need and will take advantage of such help—the economically self-sufficient case as well as the economically needy. It is particularly important that such services be available to children, who must be understood and dealt with as part of the family, but who will frequently need to be the focus of the treatment process. Such treatment must be based upon the responsibilities and the authority of the family and of the State with reference to those below the age of legal majority. It must be related to all forms of care that may be needed for children in their own homes or under some form of foster care. It must be carried on by those especially prepared to work with children as well as having a broad background of general preparation in the social case-work field.

May it not be possible to think of developing within the local welfare department a central unit for case-work service, related closely to the "outpost" social services that are coming to be recognized as an essential part of health, educational, recreational, or other forms of community service? The social worker in these "outposts" of social work will foster the development of housing, employment, health or educational or recreational programs, or of the work of the police and

the courts, on the basis of a realistic understanding of individual needs, and will help to work out conflicts and gaps in the social adjustment of the child who is served in one of these programs. But for those who require much more comprehensive and prolonged treatment, reference would be made to the central case-work service of the welfare department. It would, of course, be necessary to develop community-wide planning in which both public and private agencies found their places in meeting total needs.

The relationship of the services outlined above to the public-assistance services would need to be worked out to assure the full development and effective correlation of all parts of the social welfare program and the necessary social services to families receiving assistance.

Specialized child-welfare service could be related to such a central core of case-work service through interchange of experience and methods, and through placing in the children's division responsibility for the development of close relationships with the "outpost" service and for special service in cases presenting problems beyond the scope of the general case-work service. Such specialized service to children would be supplied to children's divisions in the more populous units, and through the services of regional or district workers on State staffs in the less populous. As to the technical aspects of the program the local child-welfare workers would need direct access to the child-welfare consultants and supervisors on the staff of the State welfare agency.

BOOK NOTES

TEEN-AGE CENTERS; a bird's-eye view. National Recreation Association, 315 Fourth Avenue, New York 10, 1944. 23 pp. 10 cents.

This booklet emphasizes several principles in the development of teen-age centers, as follows: Cooperative planning between youth and adults, importance of qualified adult leadership, the relationship of teen-age centers to existing youth-serving agencies, and full use of community resources. The usual forms of organization, financing, and activities that have been found successful in these centers are described. Like the other publications of the National Recreation Association on this subject, this publication should be helpful to communities in establishing and strengthening programs of recreation for youth.

ADOLESCENTS IN WARTIME. The Annals of the American Academy of Political and Social Science, Vol. 236 (November 1944).

The problems of children passing through the trying stage of adolescence in the midst of a war of world-wide dimensions are discussed in this special issue of the Annals of the American Academy of Political and Social Science by workers in various fields of child welfare. Among the chapters are: Social Significance of the War Impact on Adolescents, by James S. Plant; The Changing Picture of Child Labor, by Gertrude Folks Zimand; Customary Stresses and Strains of Adolescence, by Caroline B. Zachry; and Youth and Government, by Katharine F. Lenroot.

• YOUNG WORKERS IN WARTIME •

A 16-Year Minimum Age for Employment Proposed for 1945 Legislative Action

Increasing wartime labor shortages and unlimited employment demands for young people of school age have caused large numbers of them to take jobs during the war period. These young people have contributed greatly to the productive power of the Nation, but their contribution has been made at the expense of their education. This means a lowering of the educational achievement of the young persons who will soon take up the duties of adult citizenship. Moreover, many younger children still in school have acquired the idea that interrupting school attendance for work is an accepted thing to do.

Adoption of a program to reduce the employment of persons under 18 and to improve opportunities for the Nation's young people to continue their education through high school has become urgent. A first step in this program is the establishment of a basic 16-year minimum age for employment in States where such a standard is not now in effect. Most State child-labor laws now set a lower minimum age (see p. 108). Forty-four State legislatures will meet in regular session during 1945. Before these legislatures meet again, cutbacks in war production and lessened demand for the youngest workers are likely to emphasize the need for a higher minimum-age standard. Amendments to child-labor laws that are necessary to reach the recommended objective, therefore, should be proposed to the State legislatures meeting in 1945.

The Proposed Standard

It is recommended that State child-labor laws be amended so as to provide that no minor under 16 years of age shall be employed, permitted, or suffered to work in any gainful occupation during school hours, and that no minor under 16 years of age shall be employed, permitted, or suffered to work in or in connection with any manufacturing or mechanical establishment.

To avoid any possible objection to the raising of State child-labor standards during the period of war production, when large numbers of young workers are employed, deferred effective dates might be provided. The proposed amendment

might be made effective on the date of the termination of hostilities of the present war as declared by Presidential proclamation or by joint resolution of the Congress of the United States, or at an earlier date if labor requirements warrant it. The effective date should be set so as to give employers time to make necessary readjustments.

Purpose of Recommended Standard

The purpose of the 16-year minimum standard is to give young people an opportunity to obtain at least the minimum education that is necessary for good citizenship and satisfying lives, to protect children from premature or harmful employment, and to give them opportunity for developing physically and mentally to their fullest capacity. In the post-war period, when competition for jobs will become greater, persons uneducated or physically below par will be handicapped. They may become a burden instead of an asset to themselves and the community. The need for maintaining present minimum-age standards has been given public support even during periods of peak war production when labor standards are under extreme pressure, and comparatively few modifications have occurred in pre-war minimum ages for entrance into employment.

The inevitable reduction in manpower needs that will accompany the termination of hostilities and curtailment of war production will lessen the unprecedented demand for young workers and thus offer an unrivaled opportunity to obtain this 16-year minimum-age standard for employment. Such a standard not only will assure the youth of the country better mental and physical development but at the same time will lessen the impact of unemployment in the reconversion period by delaying the entrance of young persons into jobs.

Amount of Employment and Effect on School Enrollments

Estimates made by the Children's Bureau from data supplied by the Bureau of the Census show that in April 1944 nearly 3,000,000 boys and girls 14 through 17 years of age were working full-time or part-time—three times as many as were

at work when the census was taken in March 1940. Half of the three million were out of school and at work and half were working while also continuing in school. Nearly a million were 14 or 15—almost one out of every five children of these ages; of this million who were under the basic minimum age for employment herein recommended, about 250,000 were out of school and working full time.

Many of these young workers have been employed under conditions not consistent with the peacetime economy that this country is seeking for the era after the war. Many have been employed illegally. There has been a sharp rise in child-labor violations of State laws, as shown by reports from State labor officials, and violations also of child-labor provisions of Federal law. For example, in the last 6 months of 1943, 3,667 minors in 1,314 establishments were found illegally employed in violation of the child-labor provisions of the Fair Labor Standards Act. In this 6-month period, almost two and a half times as many establishments were found violating the provisions, and more than twice as many minors were found illegally employed, as in the entire year ended June 30, 1941.

Increased employment of school-age youth has resulted in a marked decline in high-school enrollment. Estimates of the United States Office of Education show that in the school year 1943-44, a million fewer pupils were enrolled in high schools than in the school year 1940-41. This was a drop of 14 percent. Many cities report larger decreases.

The great increase in child labor, accompanied by the drop in high-school enrollment, emphasizes the importance of taking steps during the transition from war to peace to direct toward further training youth who may then be crowded out of the labor market, as well as to retain the children under 16 years in school.

Extent to Which Child-Labor Laws Now Establish a 16-Year Minimum Age

The proposed standard would approximate the minimum age fixed under the Fair Labor Standards Act of 1938, which, however, applies only to establishments producing goods for shipment in interstate or foreign commerce.

Fifteen States have already adopted child-labor laws that meet this standard in full or in part. Two of these 15 States—New Jersey and New York—have a minimum-age requirement that equals the standard. Seven States—Louisiana, North Carolina, Pennsylvania, Rhode Island, South Carolina, Utah, and West Virginia—have a minimum age of 16 for employment in manufacturing establishments at any time, and for em-

ployment during school hours with the exception of employment in agriculture and, usually, domestic service.

Of the six remaining States approaching the proposed standard, three—Connecticut, Florida, and Montana—equal it for factory employment but permit employment under 16 during school hours not only in agriculture and domestic service but in certain other types of nonfactory employment. Ohio has a 16-year minimum for all work during school hours and Wisconsin for all except in agriculture, but both permit factory employment at 14 outside school hours. Massachusetts allows discretionary exemptions from the 16-year minimum during school hours or in manufacturing establishments on special permit.

Thirty-three States have a basic minimum age of less than 16 years for employment in manufacturing establishments or for employment during school hours. This basic minimum age is 14 years in 28 States: Alabama, Arizona, Arkansas, Colorado, Delaware, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Maryland, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Hampshire, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Tennessee, Vermont, Virginia, Washington. The minimum age is 15 years in four States: California, Maine, Michigan, and Texas. One State—Wyoming—establishes no minimum age for employment; however, children under 16 required by law to attend school may not be employed during the time the public schools of the school district in which the child resides are in session.

Proposed Standard Widely Recommended

The suggested 16-year minimum age for employment is widely recognized as a desirable goal in child-labor legislation and has received the approval of national organizations and national conferences, labor commissioners, and others concerned with promoting the best interests of children.

The 1940 White House Conference on Children in a Democracy—as well as the earlier 1930 White House Conference on Child Health and Protection—included in its recommendations a basic minimum age of 16 for employment.

The International Association of Governmental Labor Officials, which is made up primarily of State and Federal labor-law administrators, recommends as one of the basic standards for State child-labor legislation, a 16-year minimum age for all employment during school hours and for all factory work at any time. It has consistently supported this recommendation throughout the past decade.

The National Conference on Labor Legislation

has recommended revision of State child-labor laws to provide a basic 16-year minimum age for employment. These conferences, called annually by the Secretary of Labor, are made up of representatives of State labor departments and organized labor groups in the States, as well as representatives of National labor organizations, such as the American Federation of Labor and the Congress of Industrial Organizations, and of other National groups interested in labor legislation and administration.

Related Problems

A State considering the amendment of its child-labor law to establish a 16-year minimum age applicable to manufacturing and mechanical establishments at any time and to any employment during school hours, should also give attention to the minimum age for work outside school hours. The existing minimum age should be retained or, if it does not provide sufficient

protection, a more adequate standard for such employment should be set.

In some States consideration might be given at the same time to strengthening or extending other protective measures in their child-labor laws, including regulation of hours of work, protection from night work and hazardous occupations, employment or age-certificate requirements, and other administrative provisions for the adequate enforcement of the law.

The proposal for a 16-year minimum age for employment follows recommendations in Goals for Children and Youth in the Transition From War to Peace, adopted March 18, 1944, by the National Commission on Children in Wartime. It has been approved by the Children's Bureau General Advisory Committee on Protection of Young Workers and by the Committee on Plans for Children and Youth of the National Commission.

Reprints of this article, and a kit of reference material for use in programs to raise the minimum age for employment, are available from the Children's Bureau on request.

Recent Resolutions and Recommendations on Child Labor and Education

AMERICAN FEDERATION OF LABOR
64TH ANNUAL CONVENTION, NEW
ORLEANS, NOVEMBER 20, 1944

* * * The time has come for State federations of labor to demand action * * * in the State capitals. Every State ought to have * * *

3. A 16-year minimum for the employment of children.

* * *

In those States whose laws do not provide adequate protection to the workers, the State federations of labor, through their State legislatures, [should] marshal all their economic strength to remedy any and all shortcomings that may exist.

SEVENTH CONSTITUTIONAL CONVENTION
OF THE CONGRESS OF INDUS-
TRIAL ORGANIZATIONS, CHICAGO,
NOVEMBER 20-24, 1944

* * *

Resolution No. 30, Education

* * *

Resolved, (1) We call upon Congress to enact legislation which has been pending for a long time to provide Federal aid to States for expanding and developing full educational facilities so all

Americans shall be able to enjoy the full benefits of education;

(2) We endorse a national adult educational program and urge the Congress of the United States to appropriate Federal funds to promote a national adult educational program in cooperation with the several States and administrative agencies thereof.

Resolution No. 31, Youth Security

Whereas (1) Post-war employment, education, and security are a major concern of young people, as well as of labor, industry, and government, and according to current estimates about 5 million men and women in the Armed Forces who will be demobilized will be under 22, and 2 million under 21, and * * *

Resolved, that this C.I.O. convention go on record for

(1) A broad government program for training and retraining young workers in new vocations or at higher skills to be put into operation during the reconversion period;

(2) The participation of labor, industry, and government in reestablishing and strengthening all Federal and State laws protecting the work

standards governing young women workers in particular;

(3) A program of Federal and State aid to education, assuring an opportunity for young workers now in industry, who qualify for entry into college, to do so;

(4) The establishment of strict controls over work of minors, and the strict enforcement of existing laws and the enactment of new State legislation to secure the full abolition of child labor below 16 years of age:

* * *

AMERICAN FEDERATION OF TEACHERS TWENTY-EIGHTH ANNUAL CONVENTION, CHICAGO, AUGUST 14-18, 1944

Services for Children

We further recommend that the American Federation of Teachers approve enlarged appropriations for such necessary services for children as:

* * *

6. The proper enforcement of child-labor laws.

* * *

School-Work Programs

Resolved, That the American Federation of Teachers endorse and support the standards for such school-work programs published in September, 1943, by the United States Office of Education, the War Manpower Commission, and the United States Children's Bureau, namely, that:

1. An advisory committee be set up by any school district finding such a program necessary, consisting of representatives chosen from the Manpower Commission, labor, industry, parent and civic groups concerned with the welfare of youth, the particular representative to be selected by each group.

2. Federal and State child-labor laws be obeyed, particularly in excluding youth under 16 from such a program.

3. Youth be protected from exploitation by adequate investigation and supervision of the job by school authorities to make sure that the work done has real educational value, pays standard wages, and is not detrimental to health.

4. Such a school-work program be part of the school counseling service.

* * *

ELEVENTH NATIONAL CONFERENCE ON LABOR LEGISLATION, WASHINGTON, DECEMBER 12-14, 1944

Report of Committee on Child Labor and Youth Employment Adopted by the Conference

* * *

The committee goes on record in favor of im-

mediate action to establish under State laws a 16-year minimum age for all employment during school hours and for employment in manufacturing, mechanical, and processing establishments at any time. To avoid possible objections to the raising of State child-labor standards during the period of war production, when large numbers of young workers are employed, deferred effective dates might be provided for. With the raising of the minimum-age standard for work during school hours, the committee also recommends a 14-year minimum age for employment outside school hours and during vacation except in manufacturing, mechanical, or processing establishments, to which the 16-year minimum applies.

The need for limitation of night work for minors is recognized by the committee and it recommends that employment of children under 16 be prohibited between 6 p.m. and 7 a.m.; and that employment of 16- and 17-year-old minors be prohibited at least between 10 p.m. and 7 a.m.

The committee also urges the establishment of the following legal standards for employment of all minors under 18:

1. A maximum 8-hour day, 40-hour week, and 6-day week, with provision for a daily meal period of at least 30 minutes.

2. A maximum of 8 hours a day for combined school and work.

3. A prohibition of employment in hazardous occupations.

4. A requirement of employment certificates.

Your committee believes that all wartime modifications and relaxations of child-labor laws and regulations should be terminated as speedily as possible, and in any event immediately at the close of the hostilities.

The committee reaffirms the action of the Sixth National Conference on Labor Legislation in recommending legislation to provide double compensation for minors injured while illegally employed.

* * *

The committee views with concern the fact that under existing laws an unemployed worker is not eligible for unemployment compensation benefits if he is attending school. For a young person who might otherwise return to school this provides an incentive to idleness. The committee believes this matter should be made the subject of careful study with a view to finding ways and means of making it possible, at least for the young war workers who have interrupted their education to go to work during the war, to receive such benefits as educational allowances in lieu of unemployment compensation if they return to school.

SAFEGUARDING THE HEALTH OF MOTHERS AND CHILDREN

What the I. L. O. Recommends as to a Medical-Care Service

A Summary of Recommendation No. 69, Adopted at the Twenty-Sixth Session of the International Labor Conference, Philadelphia¹

By HARRY J. BECKER

Medical Care Administration Consultant, U. S. Children's Bureau

Holding that availability of adequate medical care is an essential element of social security as contemplated by the Atlantic Charter, the International Labor Organization, at its general conference held at Philadelphia April 20 to May 3, adopted a recommendation to its member nations regarding general principles to be applied in developing a medical-care service, which are presented here.

In introducing this recommendation the International Labor Organization reminded its member nations that in the past it had taken a number of steps to promote development of medical-care services. It cited the fact that conventions with regard to workmen's compensation and sickness insurance, adopted at previous conferences of the I. L. O., have included medical-care requirements; also, that the Governing Body has made a practice of communicating to its members the conclusions reached through discussions by experts on such topics as the economical administration of medical and pharmaceutical benefits under sickness-insurance plans, and that the International Labor Office has acted as adviser to several countries when they were establishing social-insurance plans.

The I. L. O. in offering this proposal noted the desirability of taking further steps to improve and unify medical-care services, to extend such services to all workers and their families, including rural populations and the self-employed, and to eliminate inequitable situations, without prejudice to the right of any beneficiary of the medical-care service to arrange for medical care at his own expense.

Some of the general principles formulated by the I.L.O. to guide the member nations in developing their medical-care services along these lines are as follows:

Essential Features of a Medical-Care Service

The essential features of a medical-care service

are: That such a service should fulfill the need of individuals for curative and preventive medical and hospital care; that the nature and extent of the care provided should be defined by law; that the administrators of the service should arrange for the care to be provided by the medical and allied professions; that the cost of the service should be met through regular payments—social-insurance contributions, taxes, or both.

Forms of Medical-Care Service

Medical care should be provided through either a social-insurance service or a public medical-care service. Under a social-insurance plan, not only all insured persons and their dependents should be entitled to care, but also persons not yet insured, the latter to be provided for through general or special tax funds. The plan should be financed by contributions from insured persons and from their employers and by public funds. Under a public medical-care plan every member of the community should be entitled to care, and the service should be financed through a progressive tax imposed for the purpose or from general revenues.

Persons Covered

The medical-care service should cover all members of the community, whether gainfully occupied or not.

Where medical care is provided through a social-insurance plan, all adult members of the community should be required to pay insurance contributions if their income is not below the subsistence level. The dependent wife or husband of a contributor should be insured by virtue of the breadwinner's contribution, without any additional payment.

All children (that is to say, all persons who are under the age of 16 years, or such higher age as may be prescribed, or who are dependent on others for regular support while continuing their general or vocational education) should be insured in virtue of the contributions paid by or on

¹Based on Official Bulletin, Vol. 26, No. 1 (June 1, 1944), pp. 29-45. International Labor Office, Montreal.

behalf of adult insured persons in general, and no additional contribution should be required of their parents or guardians.

Any children not insured because the service does not yet extend to the whole population should be insured by virtue of the contribution paid by or on behalf of their father or mother without any additional contribution being required on their behalf. Children for whom medical care is not so provided should receive it at the expense of the competent authority.

Where any person is insured under a scheme of social insurance for cash benefits or is receiving benefits under such a scheme, he and his qualified dependents should also be beneficiaries under a medical-care service.

Where medical care is provided through a public medical-care service, the provision of care should not depend on any qualifying conditions, such as payment of taxes or compliance with a means test, and all beneficiaries should have an equal right to the care provided.

Range of Service

Complete preventive and curative care should be available at any time and place to all members of the community covered by the service, on the same conditions, without any hindrance or barrier of an administrative, financial, or political nature, or otherwise unrelated to their health.

The care afforded should comprise both general-practitioner and specialist out- and in-patient care, including domiciliary visiting; dental care; nursing care at home or in hospital or other medical institutions; the care given by qualified midwives and other maternity services at home or in hospital; maintenance in hospitals, convalescent homes, sanatoria, or other medical institutions; so far as possible, the requisite dental, pharmaceutical, and other medical or surgical supplies, including artificial limbs; and the care furnished by such other professions as may at any time be legally recognized as belonging to the allied professions.

All care and supplies should be available at any time and without time limit, when and as long as they are needed, subject only to the doctor's judgment and to such reasonable limitations as may be imposed by the technical organization of the service.

Organization

The optimum of medical care should be made readily available through an organization that ensures the greatest possible economy and efficiency by the pooling of knowledge, staff, equipment, and other resources and by close contact and collaboration among all participating members

of the medical and allied professions and agencies.

The whole-hearted participation of the greatest possible number of members of the medical and allied professions is essential for the success of any national medical-care service. The number of general practitioners, specialists, dentists, nurses, and other professional workers should be adapted to the distribution of the beneficiaries and their needs.

In order that the most complete and up-to-date diagnostic and treatment facilities may be made available to participating physicians, group practice at centers carried on in cooperation with hospitals is considered preferable, but pending establishment of such practice it is appropriate that patients be cared for by members of the medical and allied professions practicing at their own offices.

Whether hospitals and medical or health centers are to be established in a locality by the authorities administering the medical service depends upon the concentration of the population, the existing facilities for care, and the distribution of physicians, both general practitioners and specialists. For serving areas with a scattered population, remote from towns or cities, the medical service should provide traveling clinics in motor trucks or aircraft, equipped for first aid, dental treatment, general examinations, and possibly for other health services such as those for mothers and infants. Also arrangements should be made for free conveyance of patients to medical and health centers and to hospitals.

Coordination of Medical Care With Health Services

So far as possible medical care should be coordinated with general health services. This coordination may take place either through collaboration between social-insurance institutions providing medical care and authorities administering health services, or through the combination of medical care and health services. Efforts toward coordination may include establishment of medical-care centers close to health centers or of centers where the medical staff may provide not only treatment, but also such health services as immunization, examination of school children, and advice to pregnant women and mothers of infants.

Maintenance of High Standards

The medical-care service should aim at providing the highest possible standard of care, and due regard should be paid to the importance of the doctor-patient relationship and the professional and personal responsibility of the doctor.

The beneficiary should have the right to choose, among the participating general practitioners and

dentists within a reasonable distance from his home, a family doctor and a family dentist. Where care is provided at health centers the beneficiary has a right to choose his center, within a reasonable distance from his home, and to choose a doctor and a dentist from those on the staff of this center. He may also change his family doctor and dentist for a good reason such as lack of confidence. The general practitioner and the dentist should have the right to accept or refuse a patient, but should not be permitted to accept more patients than a prescribed maximum nor to refuse a patient assigned him by the service through impartial methods. The care given by specialists and by nurses, midwives, and others should be available through the family doctor. Special provision should be made for obtaining care from a specialist upon the request of the patient even though it is not recommended by the family doctor.

The medical-care service should require high standards of education, training, and licensing and should develop and keep up to date the skill and knowledge of those engaged in the service. Professional education and research should be promoted with the financial and legal support of the State.

Arrangements With Medical and Allied Professions

The working conditions of doctors and members of allied professions participating in the medical-care service should be designed to relieve them from financial anxiety by providing adequate income during work, leave, and illness and after retirement, and pensions to their survivors. Their professional discretion should not be restricted otherwise than by professional supervision. Arrangements with regard to full-time salary, part-time salary, fees for services rendered, and capitation fees depend partly upon such conditions as the number of beneficiaries covered by the service. General practitioners, specialists, and dentists, working for a medical-care service covering the whole of the population or a large majority of it, may appropriately be employed whole time for a salary, with adequate provision for leave and so forth, if the medical profession is adequately represented on the body employing them.

Professional supervision of members of the medical and allied professions working for the service should be entrusted to bodies predominantly composed of representatives of the professions concerned. There should be provision for disciplinary measures and for appeal.

Beneficiaries should have the right to submit complaints to arbitration bodies.

Financing

Under a social-insurance plan the maximum contribution that may be charged to an insured person should not exceed such proportion of his income as, applied to the income of all insured persons, would yield an income equal to the probable total cost of the medical-care service. The amount paid by the insured person should be such as he can bear without hardship, and employers should be required to pay part of the maximum contribution on behalf of their employees. Persons whose income does not exceed the subsistence level should not be expected to contribute. Equitable contributions should be paid by the public authority on their behalf; if such persons are employed the contributions may be paid wholly or partly by their employers. The cost of the medical-care service not covered by contributions should be borne by taxpayers.

Under a public medical-care service, where the whole population is covered by the medical-care service and all general health services are under unified administration, the medical-care service may appropriately be financed out of general revenue. If the administration of the medical-care service is separate from that of the general health services a special tax, to be paid into a separate fund, may be used to finance the medical-care service.

Administration

A central authority, representative of the community, should be responsible for formulating the health policies and for supervising all medical care and general health services, subject to consultation and collaboration with the medical and allied professions on all professional matters. The beneficiaries also should have a voice in the administration of the service. The central Government agency should keep in touch with the beneficiaries through advisory bodies comprising representatives of organizations of different sections of the population such as trade unions, employers' associations, chambers of commerce, farmers' associations, women's associations, and child-protection societies.

Local administration of medical care and general health services should be unified or coordinated within areas formed for the purpose, and the medical-care service in the area should be administered by, or with the advice of, bodies representative of the beneficiaries of the medical and allied professions, so as to safeguard the interests of the beneficiaries and of the professions, the technical efficiency of the service, and the professional freedom of the participating doctors.

Tooth Decay in Preschool Children; Sweden

By ANNA KALET SMITH

Office of the Chief, U. S. Children's Bureau

Scarcity of information on the condition of the teeth of preschool children in Sweden and other countries has impelled Professor Bertil Roos of the Pediatric Clinic, University of Lund, to make a study of the subject. The report of this study, which was begun in 1938, has been published in *Acta Paediatrica, Lund* (Vol. 31, 1944, Supplement I, pp. 1-384).

Unlike other writers on this subject, who have studied only small selected groups of children, mostly in kindergartens, the author decided to obtain as wide a cross-section as possible of the preschool population of Sweden. To this end he selected a typical city and rural district; he visited the families there, examined the children's teeth, and obtained other information in an effort to ascertain the medical and social implications of dental decay in the preschool child. In consequence, the report includes data on the economic condition of the families, methods of feeding the children in infancy, history with regard to rickets and administration of vitamin D, weight at birth, dental treatment, and medical supervision in infancy. Throughout the report distinction is maintained between city and rural children and those from the three income groups into which the families were divided.

The material consists of information concerning 2,593 children varying in ages from 1½ to 7 years, boys and girls and city and rural children in nearly equal numbers. The children between the ages of 3 and 7 years constituted two-thirds of the child population in the localities studied.

Among the children 3 to 7 years of age those from well-to-do city families showed a smaller percentage of dental decay than those from families with a moderate or low income either in the city or the rural district. No difference could be found among the children from the three income groups in the rural district, except that children of farm owners made a slightly better showing than those of farm hands. On the whole, dental decay was more frequent among children in the city than in the rural district.

Of the children between the ages of 1½ and 2 years, 23 percent had decayed teeth; this per-

centage gradually increased to 95 percent for children more than 5 years of age. There was no perceptible difference in this respect between the boys and girls.

Breast feeding for at least 6 months was reported for 42 percent of the city children; 17.6 percent either had never been breast-fed or had been breast-fed for not more than one month; for rural children the corresponding percentages were 50 percent and 15.4 percent. Breast feeding was least prevalent among the low-income families. The duration of breast feeding seems to have had no significant effect on the incidence of dental decay.

Rickets was found, either through symptoms in the bones or through hospital diagnosis, in 16 percent of the city children and 18 percent of the rural children; its presence or absence made no positive difference in the extent of dental decay. The same is true of the administration of vitamin D in the first two winters of the child's life. Vitamin D had not been given to 39 percent of the city children nor to 70 percent of those in the rural district; it had been given in sufficient amounts to 9 percent and 1 percent of the children respectively, and in smaller amounts to the remaining children. The findings in this respect were more favorable among the children of the higher-income groups.

In prematurely born children (those with a weight below 2,500 grams) the frequency of tooth decay did not differ significantly from that in children who weighed more than 3,000 grams at birth.

According to statements by the parents about 40 percent of the children examined had had toothache at one time or another. Toothache was more frequent among children in the city than in the rural district; and in the city it was least frequent among the children of the well-to-do parents. Of the children who had had toothache 75 percent had failed to receive dental treatment. This is attributed by the author to lack of understanding by the parents of the importance of caring for the deciduous teeth.

Dental treatment was given to 19 per cent of the

city children with caries and 7 percent of those in the rural district. The largest number of cases in which treatment other than extraction had been given occurred among the children of the well-to-do city families; the next largest number was among the children from the moderate-income city families. Fewer of the rural children in these two income groups had been given treatment other than extraction. The needed treatment had been given to less than 1 percent of the children. Both in the city and country extraction was the only treatment that had been given to children in the low-income group. This was generally true also of children of the moderate-income families in the rural district.

Medical supervision in infancy had been reportedly lacking in 40 percent of the city children and 85 percent of those in the rural district. Both in the city and the rural district the percentage of children who had received any medical supervision, whether by a physician, or at a public clinic, or at a public well-baby center, was higher among the higher-income families. The author adds in conclusion that medical supervision of infants was reported to be more extensive after 1938, the year of the field study.

ARGENTINA

Regulations on Child Labor and Apprenticeship

Under regulations on child labor and apprenticeship issued in Argentina in the summer of 1944, the maximum working hours of minors between 14 and 16 years of age have been reduced to 4 hours a day and 24 hours a week. (Under the law of 1924 these hours were 6 and 36 hours respectively.) For all persons over 16 the working hours are 8 a day and 48 a week; heretofore minors between 16 and 18 could not be employed more than 6 hours a day and 36 hours a week.

Medical examination has been made compulsory for every minor under 18 years of age, before admission to employment and periodically thereafter. Organization of medical care for young workers is also prescribed by the new regulations.

Employed minors between the ages of 14 and 16 who are not apprentices and who have not finished the primary course required by the school-attendance law must attend school in their free time until they complete the sixth grade; after that, whether they serve as apprentices or not, they must attend a trade school if there is one in the locality.

Employed minors between the ages of 16 and 18 years who are not enrolled as apprentices are required to attend continuation school 10 hours

a week for a period varying from 1 to 3 years, according to the trade. Instruction is to include general subjects and those pertaining to a trade.

Courses for apprentices are to be organized by industrial establishments and by the Department of Labor and Social Welfare; vocational guidance is to be given by this department.

To administer these regulations and to provide facilities for young workers' rest and recreation, a Bureau of Apprenticeship and Child Labor is to be set up in the Department of Labor and Social Welfare.

Boletín Oficial de la República Argentina, July 13, 1944.

BRAZIL

Child-Health Services in São Paulo

Some of the public child-health services conducted in the city of São Paulo by the Government of Brazil may be described as follows:

Seven child-health centers situated in different parts of the city are under the direct supervision of the Department of Health of São Paulo. Each center includes an infant-health center, a health center for preschool children, a prenatal clinic, a milk station, a vermin-removal station, a trachoma clinic, and an ultraviolet-ray clinic.

There is a division of school health in the Bureau of Education, which is a part of the Department of Education and Health. This division employs 50 physicians to supervise the health of the school children. There is also a central out-patient clinic with a laboratory and X-ray department, and special clinics.

The Division of Child Health was established under a Government decree in 1938 for the direction of the child-health services. This division makes studies and investigations of problems related to child health and formulates medical and sanitary plans to be followed by all child-welfare services, whether public or private.

The Division of Child Care, established in 1938, studies the following problems: (1) Premarital and prenatal examinations as eugenic measures, (2) the causes of infant mortality, and (3) nutrition of the infant and the expectant and nursing mother. An out-patient clinic is attached to the division.

The Division of Social Service takes care of neglected and deserted children and maintains receiving homes and institutions for children.

The Division of Public Health maintains a 200-bed hospital for tuberculous children.

The Government is now studying a plan for a State Department of Child Welfare which would have charge of all child-welfare and child-health services, whether public or private.

A Manhã, Rio de Janeiro, June 15, 1944.

• EVENTS OF CURRENT INTEREST •

Stay in School

With a new school semester opening the first of February stay-in-school drives are being carried on in a number of cities. The success of many cities and States in conducting go-to-school drives last fall has encouraged leaders in many communities to renew the drive at the end of the term. The usefulness of community committees in giving impetus to participation by many groups in the community was well demonstrated in the fall campaigns. For example, Memphis, Tennessee, carried out a very popular and successful campaign through the Memphis Youth Service Council; Fort Worth, Texas, through a community committee headed by the president of the school board; and Dallas, Texas, through the leadership of the Council of Social Agencies. Representatives of the Junior Chamber of Commerce interviewed personnel managers, ministerial associations, and so forth, enlisted the participation of church groups, and street-car placards, service-club bulletins and radio programs helped spread the word.

The Minneapolis public schools reported: "In the face of a tightening labor market and a normally declining high-school enrollment, fewer students dropped out this year than last year, when no such intensive campaign was conducted."

A limited number of copies of the National Go-to-School Handbook for Communities, issued by the Children's Bureau and the United States Office of Education, are still available on request to the Bureau.

Child Welfare Information Service To Issue Weekly Bulletin

The Child Welfare Information Service has recently been organized, with headquarters at 930 F St., NW, Washington 1. This organization will issue a weekly bulletin of information on proposed Federal legislation in the fields of housing, education, economic security, health, and social welfare as such legislation affects children, as well as information on programs carried on by Federal agencies in these fields. The bulletin will be available to organizations interested in work for children. The officers of the Child Welfare Information Service are: Mrs. Eugene Meyer, president; Dorothy Canfield Fisher, vice presi-

dent; Gertrude Folks Zimand, secretary; and George J. Hecht, treasurer.

Death of Dr. Blanche Moore Haines

Workers in the children's field are grieved to learn of the death of Dr. Blanche Moore Haines, who died at Three Rivers, Mich., November 9, 1944.

Dr. Haines was director of the Children's Bureau maternal and infant-health activities during 4 of the 7 years of cooperation between the United States Government and the States in promoting the welfare and hygiene of mothers and infants under the Sheppard-Towner Act, otherwise known as the Maternity and Infancy Act. Under Dr. Haines' leadership State maternal and child-health services expanded rapidly throughout the country. These expanded State services became the foundation for the present programs in this field, which are being carried forward under the provisions of the Social Security Act.

Dr. Haines was known for her great interest in the health and welfare of mothers and children, for her qualities of leadership, integrity, and unselfish devotion to duty, and for her kindly manner. The contributions that she made to the early development of maternal and child-health services in the States were of great importance.

"Know your public-health nurse—who she is, what she does" is the slogan for the first National Public-Health-Nursing Day, January 26, 1945. This observance has been planned to promote better understanding of the public-health nurse and her role in helping to protect the health of the family, the community, and the Nation. Further information may be obtained from the National Organization for Public Health Nursing, 1790 Broadway, New York 19, N. Y.

February 7, 1945 will be Social-Hygiene Day, which is observed annually. Further information may be obtained from the American Social Hygiene Association, 1790 Broadway, New York 19, N. Y.

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THE CHILD

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UNITED STATES
DEPARTMENT OF LABOR
CHILDREN'S BUREAU



THE CHILD

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UNITED STATES
DEPARTMENT OF LABOR

FRANCES PERKINS, SECRETARY



CHILDREN'S BUREAU

KATHARINE F. LENROOT, CHIEF

• YOUNG WORKERS IN WARTIME •

Young Agricultural Workers in 1944

By IONE L. CLINTON and ELLA ARVILLA MERRITT
Industrial Division, U. S. Children's Bureau

NOTE.—This article is part of a longer one describing conditions among boys and girls employed in agriculture during 1942, 1943, and 1944, when hundreds of thousands of children who had never before done farm work joined the farm-labor force and went into the fields to help in cultivating and harvesting the crops. Most of the youngsters who helped harvest the crops worked on "day hauls"; that is, they lived at home and went out to the fields in the morning and returned at night. Others lived in work camps and went to the fields daily. Still others were placed in farm homes and helped to go general farm work. Many of them were recruited through programs administered by the State agricultural extension services. Early in 1942 the Children's Bureau, realizing that the employment of this new army of boys and girls should be planned in such a way as to ensure safeguards for their health and welfare and protection from unnecessary interference with their education, cooperated with a number of other agencies in formulating policies with regard to the recruitment of youth for farm work. Representatives of the Children's Bureau have visited youth farm-labor projects each year, starting in 1942, to consult with groups sponsoring the programs and to obtain knowledge of good and bad features on which to base further planning.

YOUTH FARM-WORK PROGRAMS

The year 1944 saw the development of good features in scattered youth farm-work programs in different parts of the country. There seemed to be more realization that inexperienced children in farm work need special attention and understanding if the experience is to be a satisfactory one from the point of view either of the farmer or the child.¹ This found expression particularly in better conditions and supervision in many work camps.

Organization and Supervision of Day-haul Programs

As in 1942 and 1943, most of the nonfarm boys and girls who were employed on farms in 1944 worked under day-haul programs, and, although in some places efforts were made to control the conditions under which they worked, report after report from different sources indicate that most

of these programs remained unorganized and unsupervised.

In some day-haul programs observed, indeed, provision for work supervisors in the fields was not so good in 1944 as in 1943. For example, in a county in a western State that had an excellent program of this type in 1942 and 1943, work leaders in 1944 did not accompany every group of boys and girls; instead, work leaders went with a group only when the grower had not previously employed young workers. In one eastern city from which 200 to 300 boys and girls went out daily on day hauls, only three or four work leaders were provided, although funds were available for hiring more. These work leaders or supervisors were sent to different farmers every day; and the youngsters always clamored to go with them.

On the other hand, in one northeastern State, the plans for supervision of day-haul programs in 1944 showed recognition of the fact that the work leader's job is important and that it requires training and deserves fair recompense. Work leaders in several communities were carefully selected and were paid \$5 for a 6-hour over-all day. They recruited their own groups, notified the children when and where to assemble, kept order on the trucks, gave instruction in work methods, and assigned work, kept records, dealt with farmers, and rendered first aid. In other communities, a certain degree of control of the program was exercised in other ways.

But in spite of these occasional good features, the boys and girls on day hauls—the largest number of children in the emergency youth farm-labor program—continued to be recruited, employed, and transported under largely uncontrolled conditions. A very bad feature of some of these programs is the long over-all work day.

Ages of Young Workers

Many boys and girls under 14 years of age were employed on day-haul programs. In some

¹Work Leaders for Groups of Nonfarm Youth Employed in Agriculture. Children's Bureau Pub. 305. Washington, 1944.

programs an attempt was made by placement agencies to set a definite minimum age for these children—in some places 14, but more often 12 years. Even where such a standard was established, however, it was often not maintained. For example, in a western city, boys and girls were supposed to be at least 12 years old before they could go out on day hauls, but children as young as 9 years of age came to the assembly point in the morning and were assigned to trucks. One agency reported: "Small workers were so weary when they got on the ferry at night that they didn't care whether they had their wraps or even their money."

This practice of employing very young children persisted in spite of the fact that some official placement agencies and some farmers recognized that the workers under 14 years of age were not producing enough to justify their employment to the growers and in spite of the fact that civic, school, and welfare groups recognized the undesirability of the work for these young children.

A somewhat higher standard seemed to be fairly general for the smaller numbers of children recruited by public or private agencies for farm-work camps. These were usually required to be 14 years of age or older, although the announced standard was not always adhered to, and an age lower than 14 was sometimes set.

Earnings

Low earnings for many young farm workers, particularly in work camps, had been found a problem in 1942 and 1943. In 1943 the requirement of a guarantee of a reasonable monetary return was recommended by the Children's Bureau and approved by the other Federal agencies concerned and by the youth-serving agencies. In 1944, in some places, agreements between placement agencies and farmers were made that provided for sufficiently high piece rates or hourly rates and for sufficiently regular employment so that youngsters could at least earn enough to pay their living costs in camps—an advance over general conditions in previous years. In too many camps, however, wage rates were still so low that the boys and girls could not earn enough to pay expenses. Few if any attempts were made to guarantee the workers in day-haul programs minimum earnings even large enough to pay their transportation.

Boys and girls as a rule were paid the same piece rates as adults. In some places, however, the adults were given the best rows to pick. This increased the adults' chances of earning a good daily wage, but reduced the chances of the children, for the poorer rows given to the children

were harder to pick. When wages were paid at hourly, weekly, or monthly rates boys and girls were usually paid less than adult workers, and even when they were paid the same wages as other beginners there seemed less chance for them than for adults that the rates would increase as they gained experience. For example, farmers paid 40 cents an hour to girls of 14 and over in one camp last summer, and the girls usually earned just enough to pay their board. But when adults came to the camp in the fall and worked along with the girls, the rate was raised to 50 cents an hour. The camp director said, "Right now with the higher rates the workers are making a little money."

The Workday

In 1944 plans for shorter hours on day-haul programs than had prevailed in 1943 were made in several places—in one State a 6-hour day, in a community in another State, a 5-hour day—but in general, hours for the young workers were still largely unregulated. Most of them went out early in the morning and came back late at night.

In one city in an eastern State it had been difficult in 1942 and 1943 to get the growers to return boys and girls to town at a reasonable hour. In 1944 the placement agency in this city wrote to each grower telling him that unless he returned all young workers to the city assembly center by 5 p.m. the agency would not place any more workers with him. This letter also pointed out that under the new plan, turnover, which had been high in 1943, could be expected to decrease.

In some work camps boys and girls worked shorter hours in 1944 than they had in the 2 previous years, although the over-all hours were still too long in most cases. In an eastern State the growers agree that young workers in camps should work 8 hours a day instead of 9, the working hours previously established. In one area in another State a youth-serving agency that recruited boys for work camps arranged with the growers to set 7 hours as a maximum working day.

Housing and Camp Management in Youth Camps

Boys and girls living in farm work camps, on the whole, were housed under better conditions in 1944 than in the 2 previous years, and better plans were made for the management of the camps and the supervision of the children. Many of the camps visited were clean and attractive; some were well-constructed. In some areas regulations requiring pure water, adequate toilet, bathing, and laundry facilities, safe and clean housing, and other conditions having to do with

health and safety, were set up and were enforced through inspection of the camps. In general, also, the importance of good leadership for these young people away from home was recognized through more careful selection of camp directors and camp staff, payment of better salaries, and more frequent provision of supervisors in sufficient numbers. An improvement made in some camps was to divide between two persons the responsibility for the supervision of camp and leisure-time activities and for the supervision of the child during transportation to and from work and while at work, instead of giving a single supervisor continuous responsibility for the young workers, as was found to be common in 1942 and 1943.

In some camps, on the other hand, generally poor conditions were found. Indeed, some of the otherwise good camps failed in certain particulars; for instance, in not having adequate exits in case of fire. In others both housing and management conditions ranged from fair to very bad. For example, in one camp five boys 15 to 17 years of age were housed in a broken-down, dirty farm out-building that had only one small window, un-screened, and had no floor. The boys washed under a pump in a nearby barn, cooked their own breakfast and lunch, and at night walked to town for their evening meal. In another camp 16 boys were housed in an un-screened shack, with double bunks, and shared one open-pit privy with a family of five adults and five children who lived close by. Water for drinking and washing purposes was brought from town and stood about in open milk cans. Although these boys were given oatmeal and coffee for breakfast they had to do their own buying and cooking for their other meals. In these two camps, supervision was entirely lacking.

In some camps supervisors were provided, but they acted both as work leaders and as camp supervisors; thus their duties covered the entire 24-hour period. As a result, they were tired and dissatisfied and were too overworked to give the young persons in their care the best kind of attention. Moreover, some had not been prepared for the job through training courses nor had they been given information on the conditions under which they and the youngsters were to work and live. These conditions made for a very unsatisfactory experience for both the supervisors and the children.

Accident and Health Hazards of Farm Work

An important aspect of the employment of young and inexperienced workers on farms is the problem of accident and health hazards. Children employed in agriculture are exposed to hazardous

conditions at work and are injured more often and more seriously than is generally realized. Operating farm machinery, handling farm animals, picking tree fruits, handling farm tools, lifting heavy objects, and exposure to the sun and heat are common causes of injuries and illnesses among young workers.² Frequently medical care is not available immediately if at all, and infections may result from neglect of minor injuries.

Most of the boys and girls living in work camps or going out on day hauls from their own homes harvest berries, vegetables, cotton, and similar crops. Though much of this type of farm work does not involve great hazard, the injuries that youngsters incur even in this so-called safe work, from such causes as cuts, bruises, and heavy lifting, can be painful and even serious. Additional and greater hazards are found in other types of farm work, such as picking apples, cherries, and other tree fruits, which require the use of ladders, and in which many of these young workers are employed. For instance, in one county boys and girls who picked tree fruits suffered the following injuries in a 2-week period: Two girls, one 12 years old and one 14, were on the same ladder, and both fell from it, each sustaining a fractured arm; a 16-year-old boy was brushed off a ladder by the limb of the tree from which he was picking, fracturing his elbow; a girl received an inch-long cut on the left side of her forehead when a pail fell from an upper rung of her ladder and struck her.

Boys and girls placed in farm homes do general chores, take care of animals, operate tractors, and work with other farm machinery. In one such job a 17-year-old girl who was working as a regular farm hand fell through a hay chute from the loft of a barn while she was pitching hay and broke her back.

To minimize the risks for these workers it is necessary to instruct them in safe methods of transportation and work, and this is particularly important for children from cities and towns who because of inexperience are often not so aware as are rural youngsters of the hazards of farm jobs.

Accidents and Illnesses—Financial Arrangements

One of the principal needs of boys and girls sent out to do farm work is financial protection in case of accident or disease arising out of the conditions under which they work, live, or are transported to and from work. To a very large degree this need was unmet. Workmen's com-

²See *Farm Accidents and Insurance Problems of Young Workers*, by Miriam Noll (*The Child*, vol. 7, pp. 117-119, February 1943); and *Accident Hazards to Young Workers in Wartime Agriculture*, by Miriam Noll, (U. S. Department of Labor, Children's Bureau, March 1943, mimeographed).

pensation insurance, which normally applies to most workers in nonagricultural employment is not usually required for agricultural employees, although in some States the compensation law applies to farmers under certain circumstances. For example, in California any grower whose pay roll amounted to more than \$500 the previous year must carry workmen's compensation insurance on all his workers. In many States, also, farmers may voluntarily choose to come under workmen's compensation legislation; during 1943 the minimum premium payments for workmen's compensation insurance were reduced in many States for the duration of the war, thereby making it somewhat easier for farmers to buy compensation policies. Nevertheless, by and large this type of protection was lacking.

In both 1943 and 1944 the Extension Service Farm Labor Program of the War Food Administration arranged with insurance companies to make available a personal-accident insurance policy to cover boys and girls working on youth farm-labor programs. This policy gave the young workers 24-hour coverage, and applied to all bodily injuries effected through accidental means, whether they occurred in the course of work, during transportation, or while the insured worker was engaged in recreation or other activity. It provided for medical expenses up to \$250, paid \$500 to the beneficiary of the insured person for loss of life, and provided other stipulated amounts for dismemberment of hands or feet and for loss of sight. In 1944 the premium for this policy was \$1.50 a month, or \$4 for each 3-month period.

Some State extension services made their own contracts with insurance companies for personal-accident insurance, with varying kinds of coverage, different premium rates, and different arrangements for collecting the premiums.

Compared with most compensation insurance, however, the personal-accident policy had serious weaknesses. For example, it provided no benefits for loss of wages during temporary disability nor for permanent loss of the use of a part of the body if it was not actually amputated. Moreover, it was expected in general that the child or his parents would pay the premium, though in some cases the farmer or the sponsoring group did so. For these reasons and others these policies were bought only to a very limited extent.

Illness and injury due to other than accidental causes usually were not covered either under workmen's compensation insurance or under personal-accident policies. Arrangements for taking care of such cases varied a great deal. In some places the extension service used its resources for obtaining treatment. In others, as in some camps,

a doctor or a nurse connected with the camp took care of the patients. Little is known as to who paid for medical services in most cases. If the illness or injury was serious, the child was in all likelihood sent home and no report received as to the outcome. The director of one camp project stated that the insurance policies recommended by the State should have covered sickness as well as accidents.

Transportation

Transportation to and from work presents an additional hazard for these young workers. They ride in trucks, school busses, and passenger automobiles. In spite of some improvement during the 2 previous years, in many places the trucks used to transport boys and girls to their work in 1944 were not checked for safety features and insurance coverage. Besides, there were often no supervisors on the trucks to enforce good safety practices, such as seeing that the trucks were not overcrowded, that passengers remained seated, and that no one got on or off the truck while it was in motion. Serious truck accidents involving young workers occurred in 1944, as in previous years.

In an effort to prevent such accidents the Children's Bureau and various State and local agencies throughout the 3 years have been emphasizing the need for standards for safe transportation. This concern was indicated in 1944 in the issuance of regulations in Connecticut to control the type of vehicle used, to set speed limits, and to prevent overcrowding and a proposal in Oregon for a safety code for the transportation of farm workers. Some local groups also worked out improvements in methods of checking on the safety of trucks going out from assembly centers. In some of the organized youth programs workmen's compensation and liability insurance covering transportation were required by the placement agency before it would refer youngsters to an employer.

Explaining the Programs to the Young Workers

If young workers know beforehand the conditions under which they are to live and work, the program is much more likely to develop satisfactorily for all concerned. In some youth camp programs in 1944 the children and their parents were given complete and accurate information on these conditions. Where this was done the results were usually good, in part because this procedure indicated care in working out the program. For example, in one State, where a group of boys' work camps were planned and operated by the emergency farm-labor pro-

gram of the State agricultural-extension service, the conditions of employment were stated in detail on the application blanks given to the boys—how much and how often they would be paid, what earnings were guaranteed, and how much they would have to pay for board. They were told how many hours they would be required to work, how transportation would be furnished and who would be responsible for paying for it, and what medical care and first aid would be available.

On the other hand, material issued by some recruiting agencies, especially by growers recruiting their own workers, emphasized the glamorous nature of projects and played down the hard and trying work, the unpleasant weather conditions, and the possibilities of inadequate wages, long hours, and undesirable housing. As an example, recruitment publicity in one area held forth a promise of high earnings and of opportunities for swimming, boating, and other good times. When the youngsters got to the camps they found that the hours of work were so long they had no time to enjoy the delightful vacation opportunities the area afforded. They could not earn enough to pay their living costs; furthermore, the community looked down upon them, wanted nothing to do with them, and would not allow them to use the only beaches that had life guards; many boys and girls left soon after they arrived. Of this program it was said, "We have three crews—one working, one leaving, one coming."

Agreements Between Employers and Placement Agencies

One of the most important advances made in 1944, in planning and operating farm-labor programs, was the use of agreements between employers and placement agencies setting forth the responsibilities of each and specifying the conditions under which boys and girls were to work and live. Camp programs in some places were more successful in 1944 than in 1943 largely because of these agreements. For instance, in one State the program for boys' work camps, about which explicit information was given to the boys, was based on a written agreement between the State extension service and the employers. This contract contained the following arrangements: The employer (1) estimated his needs with regard to amount of camp equipment and number of workers, field supervisors, bus drivers, and busses; (2) guaranteed certain minimum earnings for the field workers and for the field supervisors, and (3) agreed to provide housing and subsistence at a specified charge, to pay the bus drivers for transporting workers between the camps and the fields, to carry insurance on all

workers, and to keep records of the number of hours worked by each boy. The State extension service agreed to recruit workers, field supervisors, and bus drivers; to assist the employer to get necessary camp equipment; to furnish and pay for camp management and supervision; and to pay for first aid and medical care for the workers. The satisfactory experience under this program rested in large part on the definite understanding of the responsibilities of each agency.

An agreement made in another State between the extension service and the employers was drawn up in terms of general cooperation rather than of specific responsibility and did not work out so well. For example, wage rates were not specified but were to be decided upon later by a growers' committee, and decisions on housing were left open to subsequent bargaining; with regard to some conditions a number of alternatives were set forth, none of which was specific.

MIGRATORY FARM WORKERS

The programs for employment of nonfarm youth that have been developed during the war and are outlined here have not touched child workers in migratory families engaged in seasonal agriculture. The traditional substandard conditions and practices in a great deal of the farm employment of migrant family workers in this country, as known for many years and as observed in a few brief visits by Children's Bureau representatives in 1944, stand out in sharp relief against the even partly controlled employment practices in the wartime programs for young nonfarm workers described in this report, and also in the War Food Administration farm-labor programs for foreign workers, which are carried out in accordance with international agreements regarding employment standards and living conditions.

In one area visited in the summer of 1944 many of the 7-, 8-, and 9-year-old children living with their families in migrant camps were at work in the fields. The schools in this area were closed during most of the time the children were there—from July to the middle of September. Many of the families had come from a bean-growing area in which it was reported that the only schools available to these children had been closed for "crop vacations" from January through June. Often the same families migrate between these two areas year after year; many of the children were said to get no schooling at all.

In some camps the earnings of these migratory workers were withheld until the end of the season to keep the workers from leaving before all the

work was done, even though there were periods when there was no work for them; in other camps the earnings were withheld until a certain crop had been picked. The workday was usually 10 hours long when there was any work to do.

Overcrowded and unsafe trucks still transported large numbers of agricultural workers and their families from one State to another—often a distant one. Only a few States have legislation to regulate the transportation of farm workers, and there is no Federal legislation to regulate such transportation when only private carriers of passengers are involved.

An example of the kind of accidents that occur to farm workers being transported under undesirable conditions is the following: In an eastern State a truck transporting 37 migratory farm workers from another State was involved in an accident. The truck had sides about 7 feet high but it had no tail board or tail gate and no seats; these conditions were in violation of the safety laws of the State in which the accident occurred. Some of the passengers were seated on their baggage; others were standing. While attempting to pass another truck, also carrying agricultural workers, at a corner, the truck left the highway and crashed into two gasoline pumps which caught fire. The truck was wrecked and burned. Two boys, aged 10 and 12, were killed instantly and one 10-year-old boy died shortly afterward at the city hospital. Among the 31 seriously injured were three children 16 years old, one 15, five 14, three 13, and six ranging in age from 5 to 11 years.

Scattered reports of conditions in migrants' camps indicate that many of these camps housing both children and adults were as bad in 1944 as in former years. In farm-labor camps visited in one State, families were crowded into ramshackle quarters without facilities for bathing, or for washing clothes. There were flies everywhere, and the lean-to's in which the workers lived were not screened. There was no refrigeration, and no equipment to protect food from dirt and flies. In some camps garbage stood uncovered for days. In another State a report made to the governor describes these family camps in the following statement:

Last summer camps were in existence where several hundred migrants were living in inadequately equipped tent and cabin colonies. Some had been without any toilets or waste-disposal facilities at all for a considerable time, in extremely hot weather. Fecal matter and rotting garbage lay in malodorous heaps outside the camps, where they served as breeding places for flies and other insects that swarmed everywhere on the people, their children, their clothing, and their food. When outhouses were finally provided, some were left uncovered all sum-

mer, with flies swarming in and out of the pits only a few yards from unscreened tents where hundreds of people were living. In one place visitors stopped to speak to a woman preparing supper. She held a limp, black piece of food in her hand. When she shook her hand, the black color proved to be a solid mass of flies on a piece of raw fish. Many of the workers and their children were seriously ill with intestinal and other disorders and unable to get medical care.³

WHAT OF THE FUTURE?

Another year of top agricultural production is demanded for 1945 paralleling the record year of 1944. At the present writing the prospects of as large an adult labor supply for the 1945 season as in 1944 are decreasing rather than increasing. Last year a million and a quarter boys and girls under 18 took their part in producing a crop that was the largest in the history of this country—33 percent above the average for the 5 pre-war years, 1935-39. Nearly a million of them were hired emergency workers. There are indications that an even larger army of young persons may be needed during the coming year for seasonal agricultural work. This need will undoubtedly continue, though perhaps in lessening degree, until the end of the war.

This army of youth manpower on the labor front cannot be looked upon in any way as expendable; indeed we recognize on the contrary that to conserve it is one of the prime duties of the Nation. We cannot afford to leave their welfare to chance. During the war communities have accepted a greater responsibility for placing some safeguards around the employment of children in seasonal agriculture than ever before. We have learned that where all agencies in the community participate in planning programs for use of non-farm children in agriculture, they can accomplish good results. We have found that schools, farmers, parents, health and welfare agencies, placement agencies, youth-serving organizations, churches, and civic, labor, and other community groups can join in setting up standards and maintaining better conditions than have prevailed for hired farm workers in the past. This movement has also brought about recognition by many farmers that good conditions of employment do in fact pay dividends—that they improve production.

This war experience has yielded many other valuable lessons as to practicable methods of bringing about improvement in working and living conditions for boys and girls on emergency farm-work programs. One is the use of agreements that set standards for minimum age, housing, medical care, employment practices, wages,

³Brief Concerning Labor Camps for Migrants in New Jersey. Consumer's League of New Jersey, June 30, 1944, pp. 5 and 6.

and transportation, and that provide for insurance protection, such as were used to ensure decent living and working conditions in certain places for young workers, and also for adult workers brought to this country for agricultural work from foreign countries.

Another method of improving conditions is the setting up of machinery for giving complete information regarding the work to the young workers and their parents at the time the youngsters are recruited, telling them what the children are to expect in the way of working conditions, and also living conditions if they are to live away from home. It is also important for parents to be told the provisions that have been made to protect the health and welfare of their youngsters, to give them a basis for judging whether they want their children to work and live under the conditions outlined.

In every field of social activity, the war has awakened our citizens to a greater acceptance of responsibility for what is happening to all the children of the country. These young workers on emergency farm programs are a large segment of the whole youth population for whom community concern has thus been quickened. To improve present practices in emergency youth farm-work programs and to guard against return of traditional abuses, this community interest and activity must be intensified. To extend this concern

to the working children of migratory farm workers, who are in the community for comparatively short seasons, but have rarely been part of the community, requires an acceptance of a wider and even more difficult task, to be carried on into the post-war period. It demands—for all young farm workers—a foundation of legislative standards that will provide basic minimum safeguards for their health, safety, welfare, and education. This means minimum age and other child-labor legislation, school-attendance requirements, regulation of wages and labor conditions, and, for migratory workers, basic safeguards to ensure good recruitment practices, safe transportation, and decent, sanitary living conditions. On the basis of such a foundation the best features of these wartime programs can be promoted for all children in the agricultural labor force, thus taking a long step toward giving all of them, for the first time in our history, the rights that we believe belong to every American child—safeguards for his physical and social welfare, opportunity for full educational development, and protection from economic exploitation.

A limited number of copies of the complete article, *Young Workers in Agriculture in Wartime and Afterward*, of which this article, *Young Workers in Agriculture in 1944*, is a part, are available from the Children's Bureau.

Supreme Court Decision Holds Telegraph Messengers Not Covered by Child-Labor Provisions of Federal Act

The Supreme Court of the United States, by a 5 to 4 decision, ruled on January 8 that the child-labor provisions of the Fair Labor Standards Act do not apply to messengers employed by the Western Union Telegraph Company. After stating that the Government's case was based on three steps; that is, that telegrams are "goods" within the meaning of the act, that the Company "produces" these goods, and that transmission of the telegrams is "shipment," the Court held that telegrams are "goods" within the meaning of the act but that the telegraph company is not a producer of messages nor does it "ship" messages. As to shipment, the Court pointed out that the statute applies the indirect sanctions of the act only to those who "ship" subjects of commerce

but that it does not define "ship," saying: "The fact is that to sustain the complaint we must supply an artificial definition of 'ship,' one which Congress had power to enact, but did not. We do not think 'ship' in this act applies to intangible messages, which we do not ordinarily speak of as being 'shipped.'"

Thus this decision places telegraph companies outside the scope of section 12(a) of the act, which prohibits the shipment in commerce of goods produced in an establishment in or about which oppressive child-labor has been employed. This means that so far as minimum age for employment is concerned, telegraph messengers are now subject only to the minimum-age standards set by State laws.

This decision drew a dissent from Justice Murphy, concurred in by Justices Black, Douglas, and Rutledge. Justice Murphy, in his dissenting opinion, stated that the Court had in effect granted the Western Union Telegraph Company a special dispensation to utilize the channels of interstate commerce while employing admittedly oppressive child labor, and that this had been done by reading into the act an exception that Congress never intended or specified. He maintained that the company does, in a very real and literal sense, "handle" and "work on" a message before it enters the channels of interstate commerce, and that it "ships" messages in commerce when its employees send them across State lines.

Justice Murphy also pointed out that "in approaching the problem of whether Western Union is a producer of goods shipped in interstate commerce we should not be unmindful of the humanitarian purposes which led Congress to adopt Section 12(a). Oppressive child labor in any industry is a reversion to an outmoded and degenerate code of economic and social behavior. In the words of the Chief Executive, 'A self-supporting and self-respecting democracy can plead no justification for the existence of child labor * * *'. All but the hopelessly reactionary will agree that to conserve our primary resources of man power, Government must have some control over * * * the evil of child labor * * *.'"

Movement for Basic 16-Year Minimum Age for Employment Under State Law

Following up a far-reaching proposal included in the four-point program for dealing with child-labor and youth-employment problems in the re-conversion period, set forth in *The Child*, September 1944 (pp. 40-41), the Children's Bureau has suggested consideration by the 1945 State legislatures of a basic 16-year minimum age standard; that is, a minimum age of 16 years for employment in any gainful occupation during school hours or for employment in, or in connection with, any manufacturing or mechanical establishment at any time. The effective date of such a measure might be deferred, if this is felt desirable, until termination of hostilities in the present war, or until such earlier date as labor requirements warrant.

The Council of State Governments is very much interested in this proposal and has brought it to the attention of governors, attorneys general, and commissions on interstate cooperation in all the States. The Council also brought the proposal before its regional meetings held during the month of December and urged the States to give it favorable consideration.

Interested groups or officials in at least 17 States are now considering, or working for, upward revision of State child-labor legislation. The following proposals are of particular interest:

California

The citizens advisory committee on social and industrial welfare of the California State Reconstruction and Reemployment Commission has recommended far-reaching changes in the State

child-labor law, to take effect within 6 months after the close of the war, or sooner at the discretion of the governor. The more important recommendations are:

Raising to 16 years the minimum age for full-time employment in any place of labor.

Raising to 14 years the minimum age for work during vacation or outside school hours in non-factory employment, except in and around the minor's own home, in domestic work, and in agriculture.

Prohibiting employment at any time of any minor under 15 years in any manufacturing establishment.

Reducing maximum hours of employment of minors under 16 years to 40 per week from present maximum of 48 hours.

Raising from 16 to 18 years the minimum age for work in hazardous occupations.

Improving regulation of street trades.

Amending the workmen's compensation law to provide for at least double compensation in cases of injury to illegally employed minors. Under present law the same compensation is allowed as if the minors were legally employed.

Georgia

The State child-labor committee of the Georgia Volunteer War Services Council has recommended improvements in the State child-labor law which would result in extended coverage of the law and which would provide much more adequate protection for children under 16 years of age. The most important proposals are:

A 16-year minimum age for employment in manufacturing establishments, laundries, and workshops.

A 14-year minimum age for most other employment except employment in agriculture and in domestic service in private homes. After the cessation of hostilities with Germany the minimum age is to be raised to 16 for employment during school hours.

Stricter regulation of hours of work for minors 14 to 16, including a maximum of 8 hours a day of combined school and work.

Required employment certificates up to the age of 18 for all employment except in agriculture and in domestic service in private homes.

Improvement in the regulation of street trades.

A companion school-attendance bill, raising the school-leaving age to 16, is also being supported by the State child-labor committee.

• SAFEGUARDING HEALTH OF MOTHERS AND CHILDREN •

The Role of Medical-Social Service in the Public-Health Program ¹

By BEATRICE HALL

Medical Social Consultant, Division of Health Services, U. S. Children's Bureau

The establishment and development of medical social work over the past 40 years has come about because of recognition by physicians of the significance of social and emotional aspects of health and medical care. A broad concept of medical care has never been limited to treatment of the organic impairment but has combined treatment of the physical illness or handicap and treatment of unfavorable social factors that influence the effectiveness of medical care and contribute to the degree and duration of the disability.

Increasing consideration of environmental and emotional influences upon illness is noted in medical literature in recent years. During the same period the practice of medicine has become increasingly complicated. The treatment of illness today involves the utilization of a variety of scientific techniques and specialized resources. In the course of a single illness a patient may require the services of several specialists; he may receive care through a number of related institutions.

In medical-care programs carried on by health departments medical services may be provided by a large number of physicians, hospitals, clinics, and convalescent homes. Social services are available through a variety of official and nonofficial agencies. The development of these programs has resulted in increased need for liaison and coordinative services by medical-social workers on the staffs of health departments in order to further the integration of medical, nursing, and social treatment.

In the treatment of venereal disease and cancer consideration of social and emotional aspects in the patient's situation is vitally important to the successful carrying out of the physician's recommendations. Anxiety about family affairs, fears related to the diagnosis, and apprehension about the future frequently prevent these patients from obtaining maximum benefits from the treatment services that are available to them. Staff

workers in tuberculosis hospitals have known many situations in which patients failed to carry through the recommended regime because of family or occupational responsibilities.

There are important social aspects in all phases of the treatment of crippled children under social-security programs, which, in 29 of the 52 States and Territories are a responsibility of health departments. Early location of a crippled child and early acceptance of care by his parents may have a direct bearing upon the degree of improvement that will result. Refusal of care or failure to co-operate in carrying out recommendations is frequently based on attitudes of members of the family group, which, if understood, can be modified. Social, educational, and recreational services must frequently be provided for a crippled child, if he is to obtain the best results from his medical care.

The responsibilities of health departments in relation to maternity and pediatric care have been very greatly increased during the past year and a half through the administration of the emergency maternity and infant-care program for wives and infants of enlisted men in the lowest four pay grades. This program is now in operation in all the States and in Alaska, Hawaii, the District of Columbia, and Puerto Rico.

As a basis for discussion of the role of the medical-social worker in the public-health program, the social needs among patients receiving services through the crippled children's and the maternal and child-health services will be considered here.

Services for Crippled Children

The objective of present-day programs for crippled children is not only to enable the crippled child to attain the best physical condition that is possible for him but at the same time to enable him to develop all his potentialities as fully as possible within the limitations of his handicap.

Unfavorable emotional factors are inherent when there is an obvious handicap which sets a child apart from his fellows and limits his activity. A case described in a report of the New

¹Paper given at the Eighteenth Annual Conference of Health Workers of Western Massachusetts, Westfield State Sanatorium, Westfield, June 8, 1944.

York City Commission for Study of Crippled Children is an example of this.

A mother reported that her child, who seemed well adjusted when at school or playing with friends, was found several times in front of the mirror talking to his crippled arm, exclaiming, "I'll kill you, I'll kill you."

Problems in the home frequently interfere with carrying out of physicians' recommendations.

A teen-age girl with rheumatic fever was reported by a visiting-nurse association as not being at bed rest although this had been ordered. The mother had refused to allow the girl to go to a convalescent home because her services were needed to take care of the younger children while the mother went out to work.

There are implications of social difficulties in a plan for medical treatment that necessitates periods of care in a hospital or a convalescent home at some distance from the child's home, or that entails prolonged nursing care at home, placing a heavy burden upon an already overworked mother. Unless the interrelationship of medical and social factors is recognized and is given consideration in making plans for a crippled child, he cannot be helped toward the useful and satisfying life which is the ultimate objective. This objective can be achieved only if the medical treatment and nursing care of the child are integrated with his growth and his development in social adjustment, education, and vocational training.

Ruth was a 15-year-old high-school girl who came to the crippled children's clinic for treatment of her right leg and hand, which had been partially paralyzed since birth. Her home situation was particularly difficult in many respects, and this, combined with her handicap, resulted in lack of acceptance by her schoolmates. Ruth was unable to concentrate on her school work or cooperate in the plan for her medical care. The orthopedic consultant planned a series of operations designed to improve the functions and the appearance of her arm and leg. This treatment extended over a period of years, during which plans were also made for her education and training, so that by the time her physical handicaps were removed, she would be ready to be a self-supporting member of her community.

Through the guardianship of one of the protective agencies, Ruth went to live with an elderly couple whose companionship, sincere interest, and affection gave her a feeling of security for the first time. She attended a school for crippled children, and soon found a place for herself in spite of her handicaps. She made many friends. The medical treatment was carried out as planned, with consequent improvement in her physical appearance and in the functioning of her leg and arm.

Later, she found an opportunity to work and live in a supervised boarding home for girls. For the first time she became aware of her earning capacity and soon accumulated a savings account of almost \$100. Today she is happy, has become independent, and has learned to make decisions for herself and to plan for her future. With the cooperation of local social and health agencies and the division of vocational rehabilitation of the department of education, it has been possible to instill in Ruth a feeling of self-confidence and of assurance that she can maintain herself in a constructive position in the community.²

Maternal and Child-Health Services

All of us who have been concerned in any way with the emergency maternity and infant-care program see frequent evidences among this group of patients of the stresses and strains inherent in the war situation. We have all been impressed with the youth of the wives and mothers who are receiving care through this program and with the problems arising from the absence of the husband and father from the home. One hospital social worker has known several young wives who asked about giving their babies away because they felt completely helpless to make any plans for themselves and their children. In the absence of their husbands some girls were becoming overdependent upon their own mothers and tended to throw upon them the entire burden of planning. In some instances this responsibility was accepted so readily by the young mother's parent that one fears its eventual influence upon the girl's future and that of her baby. Other cases revealed conflict disturbing to the baby's routines and habits.

Some months ago a visiting-nurse association reviewed its experience in providing maternity nursing services to a group of 40 servicemen's wives. Half of these wives were 17 to 21 years of age, and more than half the husbands were under 25. Thirty-nine of the babies were first babies. Excerpts from the nurses' notes reveal typical problems.

Husband not contributing to support of wife and baby. Wife living with her family. Family antagonistic toward husband. Mrs. A. very immature and will take no responsibility for care of the baby. Her mother has taken over completely.

Nov. 4: Patient in rooming house. Not sufficient food, and housing inadequate. Red Cross gave relief at request of nurse. Nov. 9: Bewildered and unable to follow nurse's instructions. Baby not having adequate care. Nov. 24: Mrs. X. wants to join husband. Relatives discourage her. Family did not approve of the marriage.

These women and girls have had little time or opportunity to prepare themselves for the responsibilities that are being thrust upon them. Their husbands are young too and in many instances equally unprepared to assume the responsibilities of family life. They are anxious and worried about their wives and are at the same time facing a hazardous future and the necessity of adjusting themselves to a new way of life and to military discipline. The resulting insecurity of these husbands and wives expresses itself in a variety of ways. They question policies and procedures, they write long letters to those in authority, the women break appointments

²Huber, Edward G., M.D.: *Services for Crippled Children*. Bulletin of Mass. Department of Public Health, Vol. 2, No. 3 (April 1944), Boston.

and fail to follow medical recommendations, they change doctors frequently, they delay in making preparations for care.

Sometimes these patients and their husbands have been characterized as "demanding," "unreasonable," "uncooperative," and so forth, and frequently attempts are made to deal with the manifestations without sufficient recognition of the motivating force. Increased understanding of the total problems these women are facing makes it possible to give greater help to the patients and also contributes to an easier and more effective administration of the program.

In preventive health services, such as child-health conferences, many social needs come to the attention of the staff. The effectiveness of these health services is greatly increased when the staff is alert to indications of social needs, understands how to obtain social services through community agencies, and accepts responsibility for helping families to make use of available resources. Increased understanding of home situations helps the conference staff to have a keener appreciation of the value of flexibility and individuality in health instruction. It facilitates recognition of parental attitudes and early manifestations of behavior patterns in children which may lead to serious problems in family and social relationships if skilled service is not promptly made available. On the other hand, community agencies providing social services frequently need help toward a better understanding of health problems in order that they may respond promptly and effectively to requests for services from the health agency.

Consultative and Coordinating Role of Medical-Social Workers

Many of the medical-social workers employed on the staffs of State and district health departments are called "consultants," a term which seems truly descriptive of their primary function. The medical-social worker on a State or district staff does not duplicate the services of social workers in State or local welfare departments, of hospital social workers, or of public-health nurses and other personnel on the health department staff. As a specialist in social problems related to health and medical care, she provides consultant services to all these workers on individual and community problems that interfere with the effectiveness of health services. Through her liaison activities with hospital social-service departments and social agencies she strengthens the integration of health and welfare services. She interviews patients and parents in the health-department clinics in order to discover and evaluate social aspects in individual situations. She plans

for meeting problems in cooperation with other members of the health-department staff and with local social workers.

In communities where no social agency is able to provide the service which the patient needs, the medical-social worker in the health department may provide services herself, as a temporary measure, to supplement the services provided by the community. In some rural areas, the need for these supplementary services is considerable at the present time. The extent of the services that may appropriately be provided by the medical-social worker and the way in which she operates in any community depend upon local needs and the availability and adequacy of local services. The necessity to provide direct service decreases with the development of local welfare departments, expansion of child-welfare services, and increased provision for social services by hospitals and convalescent homes. Local responsibility for health and welfare services to individuals is generally accepted and we know that local participation and local responsibility are essential in the development of stable, permanent services. State and district medical-social workers are looking forward to the time when local communities can take responsibility for providing services, with medical-social consultation service available through the health department.

The medical-social worker helps to speed the day when this will be possible by participating in community efforts to improve and expand local social services. As a member of the health-department staff, she is in a strategic position to know the extent of unmet social needs and the often tragic end results of a community's failure to take steps to meet them. She can also act as an impartial observer in instances of overlapping or duplication in the services of social agencies and can help communities in working toward more effective and economical use of available facilities. Individual situations illustrating such problems can be used most effectively in discussions with social agencies directed toward extension of services or modification of rigid policies and procedures which present barriers to effective utilization of available services.

Because medical-social workers are social workers they approach community and individual welfare problems with a deeper appreciation of the welfare agency's point of view and can often bring about a better understanding between a health agency or hospital and a social agency. The parents' acceptance of recommendations made in a child-health conference or through the school health programs is not enough in itself, if they are unable to obtain medical care through their

own resources. In some communities they must seek help in obtaining care from other agencies. The agencies to which they turn for necessary assistance must also have understanding and acceptance of the recommendations. Medical-social workers have made headway with such problems through participating in conferences between public-health nurses and welfare departments and through discussion with staff and supervisory workers in the welfare departments. In some States they have participated in the in-service training programs of the welfare departments. This works both ways; welfare workers can contribute to the programs of health departments. Such an exchange gives the staff of each agency a better understanding of the other's programs and paves the way for more effective joint effort.

The medical-social worker in the health department can also be of assistance in strengthening the working relationships between hospitals and local health and welfare agencies. In small hospitals where no medical-social worker is employed plans have been worked out for prompt exchange of medical and social information and joint planning between the hospital and community agencies in the interest of certain groups of patients. Several workers in State crippled children's programs have helped hospital administrators establish social-service departments or have been instrumental in bringing about extension and improvement of these services.

The activity of the medical-social worker in the health-department clinics in discovering and evaluating social aspects in individual situations has been referred to earlier in this article. Responsibility for recognizing and considering these factors is shared by all members of the health-department staff and by all persons who come in touch with the patient. The social component in illness cannot be filtered out and handed over to any one person as a sole responsibility—be it physician, nurse, medical-social worker, or welfare worker. The medical-social worker has primary responsibility in this respect, however, and her training has been concentrated upon understanding the social and emotional aspects of human behavior, particularly as related to illness and medical care. She can therefore give help to other staff members by increasing their understanding of social factors that affect the medical, nursing, or other care which is their primary concern. The effectiveness of the public-health instruction given by physicians, public-health nurses, nutritionists, and so forth, is dependent to a great extent upon the approach to and the receptiveness of the mother or child on the receiving end, so to speak. All professional groups have some training and ex-

perience along this line, but opportunity for consultation with the "specialist" may reduce the number of situations sometimes called "failures to cooperate" and lessen the time necessary for follow-up.

The medical-social worker is available for such consultation and her services are being utilized increasingly, particularly by the State and local public-health-nursing staffs through group discussions and individual conferences. In certain instances a medical-social worker may be asked by the public-health nurse to visit a family in order that she may secure a more complete understanding of the social problems before giving consultation. After this, the medical-social worker and the nurse decide upon the next step. In some situations the nurse continues to carry responsibilities for helping the patient to meet his problem, either alone or in cooperation with a local social agency. In other instances it may be decided that the medical-social worker is to assist the nurse further, through consultation or by provision of certain services directly to the patient. It goes without saying that whenever two or more members of the medical team, such as doctor, public-health nurse, and medical-social worker, are concerned with the social situation in the same case, they must agree among themselves, by occasional conferences, what responsibility each will carry. The medical-social worker can participate successfully in such joint activity because she, also, has been trained to recognize and encourage the patient's relationship to all members of the medical team.

Summary

The medical-social worker brings to the public-health program an emphasis upon the social aspects of health and medical care, aspects that are of concern to all the members of the medical team. She has primary responsibility for the discovery and fulfillment of social needs that prevent individuals and groups from being able to make effective use of health services. Her chief activities are in the fields of consultation and coordination, although she may provide services herself in the absence of other facilities for meeting needs. Her consultation services are available to other members of the health-department staff and to local health and welfare workers on individual and community problems. In her liaison capacity she brings to welfare and social agencies continuing explanation of health-department programs and policies and to the health department increased understanding of what services are available through these agencies and how their services may be utilized most effectively in the promotion of positive health for the community.

Care of Infants Whose Mothers Are Employed

Policies Recommended by the Children's Bureau

The protection of children under war conditions is one of the major responsibilities of a nation. The Children's Bureau has developed a policy and recommendations in the light of the special protection that is necessary in the care of infants.

In making these recommendations the Bureau believes that this policy can be put into effect if a qualified staff and sufficient funds are available and if the following steps are taken:

1. Need is established in a realistic manner. Experience has proved that the most reliable measurement of need for infant care is the direct requests from mothers

2. Information and advisory services are made available to mothers who are employed or considering employment, in order that they may have help in planning for their children and in securing facilities best suited to their needs and to their situation.

3. A program of foster-home care and other individualized care is developed and made available particularly to the employed mothers of infants.

The Children's Bureau will give every possible assistance to State welfare and health departments in meeting the problem of the care of infants of working mothers.

The Children's Bureau is planning to issue a series of suggestions on various aspects of a program of care of infants and young children of working mothers directed toward safeguarding the health and welfare of the children.

The normal development of many young children is threatened by wartime conditions such as problems connected with the employment of mothers, changed family relationships growing out of the absence of fathers, and the lack of suitable provisions for care of children outside the home.

Conference on Care of Children Under Two

The Children's Bureau, as authorized by statute, is concerned with the welfare of all children and on July 10, 1944, called a conference on the care of children under 2 years, which was attended by authorities from the fields of psychiatry,

child welfare, child health, and child development. The purpose of the conference was to have the members advise the Children's Bureau on the needs of infants and the ways in which these needs can best be met under war conditions.

The group agreed on the following principles:

An infant can develop fully only through a relationship of affection with his mother (or one person who regularly stands in place of the mother). It is only through the cumulative daily detail of small acts making up the mother's care, through which the mother expresses her affection for the child, that an infant can develop the capacity to give and receive affection so important throughout his life. The effect on infants of group living in which the child is deprived of this relationship has been seen in slower mental development, social ineptness, weakened initiative, and damage to the child's capacity in future life to form satisfactory relationships.

Although most mothers wish to care for their babies, many mothers go to work because of pressures of personal problems and the burden of full responsibility for their children when the father is in service.

Professional counseling and advisory service is essential so that mothers may have opportunity early in their planning to discuss their situation and the needs of their children.

When some form of care away from the mother for part of the 24 hours is necessary, foster-family day care more nearly meets the infant's needs than group care. This form of care provides opportunity for "mothering" and for continuance of some of the child's daily routines and experiences under conditions similar to those in his own home. It also involves less danger of exposure to infection than does group care.

Experience over many years in group care of infants has demonstrated that it is not adapted to their needs.

The age of 2 years is not an appropriate dividing line with reference to group care. While no arbitrary age can be set, the age of 3 years would more frequently represent the stage of development at which the child can benefit from group life. Distinction was made in the discus-

sion between a child's ability to benefit from group care on the basis of a few hours each week or each day and full-time group care as a substitute for the mother's care.

Policies Recommended

After giving full consideration to these conclusions, the Children's Bureau reaffirms its policy that group care is not a satisfactory form of care for infants, and makes the following recommendations:

1. Decisions as to the care of young children should be made in the light of the child's needs, which should be given primary emphasis.

2. Every effort should be made to preserve for the young child his right to have care from his mother, since the normal development of the young child depends upon an affectional relationship with her.

3. Advisory and counseling service should be made available in every program of child care.

4. Foster-family day care, which can more nearly meet the infant's needs than group care, should be developed for children under 2 or 3 years of age who must receive care away from their parents for part of the 24 hours. Consideration should also be given to foster homes in which mother and child live together.

5. Group care is not a satisfactory method of caring for children under 2 years of age.

6. Whenever possible the age of admission to group care should be fixed at 2½ to 3 years, because a child of that age is more nearly ready than a younger child to enter group life.

7. Public information should be developed on the needs of young children so that mothers may be better informed as to their importance to their children and better able to make sound choices in planning for their care.

Retirement of Emma O. Lundberg

Emma O. Lundberg, Consultant in Social Services for Children in the Office of the Chief of the Children's Bureau, retired as of January 1, 1945.

The contribution made by Miss Lundberg to the cause of child welfare in the United States is unique because of her understanding of the needs of children, her broad experience, and her originality of thought. No one in the field of child welfare has a keener interest in the search for truth, and a more balanced judgment.

Miss Lundberg's service with the Children's Bureau extends over a period of more than 20 years, interrupted by 10 years of work with other organizations. Miss Lundberg came to the Children's Bureau in November 1914 and organized the Social Service Division. As director of that division her work included the development of pioneer studies in mental deficiency, illegitimacy, juvenile delinquency, mothers' aid, and county organization for child care and protection. She also worked closely with the State children's code of child-welfare commissions which came into prominence during that period.

At the end of 1925 Miss Lundberg left the Children's Bureau and became Director of Surveys and Studies for the Child Welfare League of America. She later served as Director of Research and Statistics of the New York State Temporary Relief Administration. She returned to the Children's Bureau to assist in preparing for the administration of child-welfare services under title V, part 3, of the Social Security Act. She was Assistant Director of the Child Welfare Division from 1935 to 1942, when she became Consultant in Social Services for Children.

Especially close has been Miss Lundberg's con-

nection with the White House Conferences. She organized the work for the section on children in need of special care of the 1919 White House Conference on Child Welfare Standards. She was Research Secretary of Section IV—The Handicapped, of the 1930 White House Conference on Child Health and Protection. In 1940 she served as Assistant Secretary of the White House Conference on Children in a Democracy and was responsible for the administrative work of the Conference organization as well as for the development of the material on social services for children. Her report, *Standards of Child Health, Education, and Social Welfare*, published in 1942, was based on the recommendations of the Conference. She was responsible for the liaison work of the Children's Bureau with the National Citizens Committee appointed to follow up the recommendations of the 1940 Conference and, when the National Citizens Committee closed its New York office in January 1943, Miss Lundberg was made responsible for providing leadership for the follow-up program and relating it to the State action program of the National Commission on Children in Wartime. "Our Concern—Every Child," Miss Lundberg's most recent publication, relates the White House Conference recommendations to post-war objectives for children and gives them practical application in the form of outlines for the review, by States and communities, of existing services, potential resources, and children's basic needs. A report, *Essentials of Adoption Law and Procedures*, which has just been released in preliminary form, was completed by Miss Lundberg just before her retirement. K.F.L.

THE CHILD

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In This Issue . . .

**ORGANIZED LABOR
AND CHILDREN**

**EDUCATIONAL OPPORTUNITIES
FOR MIGRANT CHILDREN**

UNITED STATES
DEPARTMENT OF LABOR
CHILDREN'S BUREAU



THE CHILD

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UNITED STATES
DEPARTMENT OF LABOR

FRANCES PERKINS, *Secretary*



CHILDREN'S BUREAU
KATHARINE F. LENROOT, *Chief*

GENERAL CHILD WELFARE

Organized Labor and Children¹

By KATHARINE F. LENROOT
Chief, U. S. Children's Bureau

In Stuart Chase's new book, *Democracy Under Pressure*,² he quotes (p. 70) from an article by J. Raymond Walsh of the research department of the Congress of Industrial Organizations, as follows:

I believe the greatest single object of organized labor should be graduation from the purely pressure-group approach to problems of hours and wages, prices, and working conditions, to one of national leadership in the welfare of this country.³

There are 41,550,000 children and youth in this country under the age of 18 years. They have no vote and no voice in public affairs. The kind of homes in which they live, the health protection they receive, the schools they attend, the patterns of association and behavior they establish, are determined by adults—parents, teachers, friends, voters, contributors to community funds, and those responsible for the professional services which are involved in the Nation's greatest and most important undertaking—the rearing of a new generation.

Children cannot form a pressure group. But to people who care, the pressure of their wants and needs is more compelling than any other pressure. To translate this concern for individual children into social policies promoting the health, well-being, and opportunity of all children requires organized effort. The interests of children should receive support from all groups in the population organized for purposes which include the molding of public policy. Since children cannot themselves be a pressure group, they should receive support from all pressure groups, for in promoting the welfare of all children regardless of the occupation, economic interests, race, or creed of their parents, we are safeguarding the welfare of the whole Nation.

Some 14,000,000 Americans are members of

labor organizations, the great majority in the two major bodies—the American Federation of Labor and the Congress of Industrial Organizations. Substantial numbers are enrolled in the Railroad Brotherhoods, the United Mine Workers, and other independent organizations. Stuart Chase estimates that about 30 percent of all workers whose occupations would make them eligible for union membership are now enrolled as members. Organized labor is at its greatest strength in the history of the country. In addition to members of unions, wives of members organized in auxiliaries are beginning to exercise considerable influence.

Labor has consistently served as a pressure group for children, and in the course of years has broadened its interests and outlook to cover many aspects of child life. In many respects, however, labor's concern for children is still expressed in tentative and experimental ways, which will probably be much further developed within the next few years.

National measures in behalf of children to which organized labor throughout the years has given important and frequently dominant support include the establishment and extension of free schools, the regulation of child labor, the establishment of the Federal Children's Bureau, and the passage of the Social Security Act with its important provisions for family security and maternal and child welfare.

During the war period very significant local developments have taken place under the leadership of the National C.I.O. War Relief Committee, and the Labor League for Human Rights (A. F. of L.), working in cooperation with Community Chests and Councils, Inc.

What are some of the major problems affecting children and youth to which the American people must direct their attention, now and in the immediate post-war period?

They have to do with problems of family support—the basic income available to families, the special problems of migrant families, the

¹Presented at Institute for Religious Studies, Jewish Theological Seminary, New York, February 13, 1945.

²Published by Twentieth Century Fund, New York, 1945. 142 pp.

³Action for Post-War Planning, p. 157. *Antioch Review*, Summer 1943, Vol. 3, No. 2.

income available to incomplete or disrupted families—a group greatly augmented by war pressures and war casualties.

They have to do with child labor—the age group 14 to 19 has furnished a greater addition to the labor force than any other age group; some 3 million boys and girls 14 to 18 years of age are now at work, half of them full time and half on a combined school and work schedule.

They have to do with a chance to attend school and with the kind of education schools provide; in 1940 approximately 2 million children 6 to 15 years were not attending school.

They have to do with health protection and with medical care when ill. (Some 40 percent of all registrants for selective service were found to be physically or mentally unfit for military service.)

They have to do with many other aspects of child life—work opportunity when the boy or girl is of suitable age; recreation and leisure-time pursuits, care of children whose mothers are employed, care of children who have lost their parents, juvenile delinquency, getting children out of jail, adoption, child guardianship, illegitimacy, runaway children.

They have to do with assuring equal access to opportunities and services to children of all racial groups.

They have to do above all—and this is a matter of special concern for churches and church leaders—with the basic question for America, the meaning and values attached to life, to personal freedom, to joint effort to achieve common ends, to the disciplines and values inherent in personal growth and capacity for social living, matters inherent in America's heritage and determining America's future.

The children with whom we are concerned are the children of workers, of farmers, of business and professional men, of the self-employed. What do the history of organized labor's concern for children and its present programs hold of promise for the cause of childhood?

That great student of labor history, John R. Commons, lists education as one of the two chief concerns of the first organized-labor movements in the United States, which became active about 120 years ago. The voice of labor has been consistently lifted in support of free schools and universal educational opportunity of both a liberal and a vocational character. The American Federation of Labor was chiefly responsible for the passage during the first World War of the first acts providing Federal aid for vocational education. Organized labor has supported Fed-

eral-aid bills for general elementary and secondary education, and is now advocating before committees of Congress the passage of such a bill.

In testimony presented on January 30, 1945 before the Senate Committee on Education and Labor, on S-181, Federal Aid to Education, Kermit Eby, Director of the C.I.O. Department of Education and Research, said in part:

Our support of these Federal aid to education bills is consistent with labor's historic support of free public education. As early as 1825, when the first political party of workers was set up in Philadelphia, the establishment of free public schools was a prominent plank in the party's platform. . . . And all historians in the field of education agree that it was the workers' organizations which gave continued aid to Horace Mann and other pioneers of public education.

Before the formation of the C.I.O., our brother labor organization, the American Federation of Labor, consistently tried to secure better schools, properly trained and paid teachers, and Federal support to equalize educational opportunity, especially in the interest of the poorer States.

The labor movement led the way to establishing vocational education, and each convention of both the C.I.O. and the A. F. of L. has expressed continued concern through resolutions supporting education.

Free schools are of no avail if child labor robs the child of his chance to attend school. Many thousands of children in families of migrant agricultural laborers, even today, are denied their chance.

The American Federation of Labor since its organization has worked for the prohibition of child labor. As long ago as 1888, the Federation was urging a constitutional amendment to prohibit the employment of children under 14 in workshops, mines, and factories. In 1917 it demanded still higher standards by adopting the resolution, "That the American Federation of Labor is unalterably opposed to the employment of children under 16 years of age." The Federation has led in the fight for legislation, both Federal and State, to prevent the exploitation of child life for private gain. It supported the Palmer-Owen bill before Congress in 1914, the first Federal child-labor law, passed in 1916 and declared unconstitutional in 1918, and the Federal Child Labor Tax law, enacted in 1919. When that law was declared unconstitutional in 1922, the Federation entered the fight for a constitutional amendment placing beyond dispute the power of Congress to act in this field. It was the President of the American Federation of Labor who headed the Permanent Conference for the Abolition of Child Labor, composed of more than 20 national organizations, which worked for favorable consideration by Congress of a child-labor amendment. When the amendment was submitted to the States in 1924, the Federation began and con-

tinued its active work for ratification. To date 28 States have ratified the amendment. Eight additional ratifications are needed before the amendment can become part of the Constitution.

The American Federation of Labor has also supported the child-labor provisions of the Fair Labor Standards Act of 1938.

Not only the A. F. of L. and the C.I.O. but also the Railroad Brotherhoods and other labor organizations have consistently supported measures for the elimination of child labor and for educational opportunity.

Since 1934 the Secretary of Labor has called together annually a National Conference on Labor Legislation, composed of State labor officials and representatives of organized labor in the States. In 1940 the Conference requested that a small committee be appointed to review the problems of education and training in relation to the welfare of wage earners and their families. In accordance with this request the committee on education and training was appointed, and reported to the eighth conference, in November 1941. This report was approved unanimously by the Conference. One of the recommendations of the committee dealt with the participation of labor in the planning and administration of educational programs. Organized labor, the Conference recommended, should "be given representation on an equal basis with other elements in the community in the planning of education programs through membership on boards of education, on advisory committees, and on other policy-making bodies." Studies of the composition of local boards of education have shown only very small percentages (some 3 or 4 percent) from the ranks of organized labor.⁴

The resolutions of both the American Federation of Labor and the Congress of Industrial Organizations, adopted in their 1944 conventions, reveal the wide range of labor's support of measures for the better health, education, and well-being of children and youth. The American Federation of Labor, for example, urged a comprehensive program of educational reconstruction which would adapt our educational system to the needs of post-war society. It endorsed the principle of Federal aid for elementary and secondary education. The report of the Executive Council on Federal Aid, adopted by the Convention, contained the following statement:

The Nation should thank God for the foresight and perseverance of Samuel Gompers, who battled, often against overwhelming opposition, to secure Federal aid for vocational and technical education under the Smith-

Hughes Act during World War I. Organized labor today is equally emphatic in its demand for Federal aid to equalize educational opportunities so that every child in the Nation may be prepared to render the best possible service to his country in peace or in war—whether his place of birth happens to be in the poorest district of the poorest State or in the richest district of the richest State.

The 1944 Convention of the American Federation of Labor made a part of the official proceedings of the convention and referred to the permanent committee on education for further study a statement, "In Behalf of Youth," submitted by the Children's Bureau to President Green. This statement dealt with the principles which should govern public policy with regard to children and youth, and more intensively with the problems of child labor and youth employment in the reconversion period, and the urgent need for a Nation-wide program of health protection for mothers and children.

The Congress of Industrial Organizations, at its 1944 convention, adopted resolutions supporting programs for maternal and child health, school lunches, Federal aid to education, youth security, and the health and safety of young workers. In its resolution on maternal and child health, the C.I.O. declared "the right of all mothers and children, whatever their race, residence, or family income, to all diagnostic and curative medical services they need for good health." As a first step toward supplying this care now, it was recommended that the C.I.O. "work for an expansion of the maternal and child-health and crippled children's programs under the Social Security Act which will make available at public expense whatever medical services are needed to assure the good health of all our mothers and children." The resolution on youth security (No. 31) I quote in full:

Whereas, (1) Post-war employment, education, and security are a major concern of young people as well as of labor, industry, and government, and according to current estimates about 5 million men and women in the armed forces who will be demobilized will be under 22 and 2 million under 21; and—

(2) The number of teen-age workers in industries and in the Army has expanded by 2½ millions, and over 500,000 more 14- to 19-year-old girls are employed in industry now than in normal times—the largest single increase in the Nation's total labor force coming from among youth of teen age; and—

(3) Special measures must be worked out to (a) absorb into peacetime employment these large numbers of young workers who must work to sustain themselves; (b) withdraw from the immediate labor market a large number of young people by giving them the chance to continue some form of schooling, vocational, Government, or other training. Therefore, be it—

RESOLVED, that this C.I.O. convention go on record for: (1) A broad Government program for training and

⁴Labor and Education, pp. 3-4. Publication No. 99. Congress of Industrial Organizations, Washington, 1944.

retraining young workers in new vocations or at higher skills to be put into operation during the reconversion period;

(2) The participation of labor, industry, and Government in reestablishing and strengthening all Federal and State laws protecting the work standards governing young workers and young women workers in particular;

(3) A program of Federal and State aid to education, assuring an opportunity for young workers now in industry, who qualify for entry into college, to do so;

(4) The establishment of strict controls over work of minors, and the strict enforcement of existing laws and the enactment of new State legislation to secure the full abolition of child labor below 16 years of age;

(5) The establishment of a permanent National Youth Service Administration that shall serve as a coordinating agency in solution of reconversion and post-war problems of youth.

One of the most significant developments of the war has been labor's growing awareness of its responsibilities for community planning and the development of community services. This interest in health and welfare programs on the part of the A. F. of L. is represented by the Labor League of Human Rights, which employs a Director of Community Services, Paul Millane. The purposes of the league are to inform labor about the services provided by social agencies; to stimulate greater use of these services by labor; to encourage participation of labor in social planning; and to provide for the extension of health and welfare services so that the needs of the community are better served. The league has 22 regional directors and regional offices, which by the fall of 1944 had assisted in the establishment of 197 local labor-participation committees and 11 State committees.

Established in 1941 for similar purposes, the National C.I.O. War Relief Committee promotes financial support of worthy community welfare and health agencies, labor representation on governing boards and working committees, and interpretation of community services and of workers' needs. The Community Services Division, headed by Robert L. Kinney, was established in January 1944 to develop year-around relationships between C.I.O. unions and welfare agencies for the purpose of (a) interpreting existing community services to union members; (b) interpreting the problems and point of view of workers and their unions to welfare agencies; and (c) developing machinery at the local and National levels through which workers may better utilize existing welfare services and bring about the strengthening and extension of such services in areas where they are inadequate. At a joint conference of representatives of the National C.I.O. War Relief Committee, the Labor League for Human Rights, the A. F. of L., and Community

Chests and Councils, Inc., in September 1943, a "Joint Suggestion for Labor Participation in Domestic Social Welfare and Health Work" was drafted. This recommended that councils of social agencies establish within their own machinery labor-participation committees to interpret labor's needs and point of view to councils and their affiliated agencies and planning committees, to interpret the programs and services of the councils and their agencies to unions, and to develop labor leadership for participation on welfare agency boards and committees.

A memorandum entitled, "A Partial Listing of Union Activities in the Health and Welfare Field on Matters Other than Fund Raising," prepared by the National C.I.O. War Relief Committee in September 1944, listed the activities under the following headings: Union counseling, information, and referral services; the health field; the recreation field; the child-care and youth field; education for union-social-work cooperation; union personnel in agencies on non-fund-raising year-round jobs; the housing field; and community-services committees and labor-participation committees. An example of the first type of activity, union counseling, information, and referral services, is the Camden (N. J.) Union Organization of Social Services, originally centered about referral work and guidance for juvenile delinquents. The organization was admitted recently to the Community Chest. C.I.O. committees have joined with other community groups to establish teen-age recreation centers. In a number of cities C.I.O. unions have set up child-care committees, or have joined with other groups in working on problems of child care of children whose mothers are employed. Some unions have surveyed the need for nursery and day-care centers and have publicized facilities available to union members. In a few places unions run their own child-care centers. The labor press has carried a great many articles on the child-care situation. Unions have also worked with social agencies to make summer camping available to the children of their members.

Locally, responsibility for these activities under the C.I.O. is sponsored by two kinds of community committees: The first is a C.I.O. Community Services Committee appointed by the local Industrial Union Council to serve as a coordinating body for activities of all C.I.O. unions in the health and welfare field. In September 1944 such committees existed in some 60 cities; and labor-participation committees in councils of social agencies, usually having equal representation from the C.I.O. and the A. F. of L. and the social-work field, were in existence in some 30 cities.

In a few cities, as Detroit, Cleveland, and Columbus, councils of social agencies employ special liaison staff members to work with the labor liaison staff and the unions.

In a statement made to the welfare committee of the Office of Community War Services, Federal Security Agency, the Director of the C.I.O. Community Services Division said:

On the whole, the policy of the war relief committee is to discourage the institution of union-sponsored welfare services where they may duplicate existing effective or potentially effective community-wide services. Labor for many years has been isolated from the community and the community from labor. The committee is interested not only in building better unions but better communities.

The aims of organized labor for children and youth, with respect both to National and local policies and programs, are in general the same as the aims of the churches. Prominent among the social-action programs of both Christian and Jewish religious bodies have been: Support of educational opportunity; elimination of child labor; the establishment of the Federal Children's Bureau; opportunities for children of migrant families; opportunities for all children, whatever their race, creed, or national origin. The church, which serves all people regardless of economic or occupational interests, has very special responsibilities for the building of communities where children and youth may be assured the safeguards and the opportunities which are essential to their health and growth. Church people have a vital stake in community planning and in the policies and administration of health, educational, and social welfare and other community services, as well as in the programs of the Federal Government and of the States in furthering security and opportunity for all.

In considering some of the major issues which will be before the people of this country in the period immediately following V-E Day and in the years to come, the question of the basic values which underlie individual action and social policy are especially the concern of religion, which by definition should be an influence binding together diverse interests and points of view. The problems of choice between two goods is always more baffling than the choice between good and evil. Many a mother has to choose between devoting her time to her home and her children, and gainful employment which may bring the family income up to a level where the basic family needs may be decently met, but may be costly in terms of the nurture and supervision of her children. It is easy to see that when mothers, for National interest or family support, have to work, the com-

munity has a responsibility to make good care available to their children. Probably we would all agree that in a free country a mother has a right to make up her own mind, in consultation with the father and other members of the family, as to whether she will seek gainful employment. At the same time that we hold to the principle of freedom of choice we must see that the choice is really free, that social policy as expressed through such programs as social security, aid to dependent children, and community services, places as much value upon the mother's devotion of her time and strength to the care of children as it places upon wage-earning. We must see that child-care services do not become a substitute for economic policies that make it possible for a father to earn a reasonable livelihood for his family without the mother's needing to be employed, or for provision of substitutes for father's earnings when death, disability, or other cause removes them as an element in family support.

Consideration of these problems, which involve not only the time which a mother can devote to her children, but the time allowed by fathers for companionship with their sons and daughters, should be a responsibility of both church groups and labor groups, as well as of public officials and private agencies responsible for community services.

Comparable problems face young people as they reach working age. We are becoming increasingly convinced of the importance of postponing entrance into full-time employment until an education fully suited to the youth's capacities has been obtained. But we are still uncertain as to the ways in which society may have to supplement family earnings if education is to be really available to all promising youth.

The task ahead of labor in this country with reference to children relates to the extension of public services so that children everywhere may be assured access to all those services and facilities that are necessary for their health, education, growth, and development. In setting our objectives for children we must not forget that the basic problem of an adequate level for family support is an objective directly within the field of organized labor. It must not be thought that our goals for children can be achieved through action by the Federal Government alone. The development within recent years of the A. F. of L. and C.I.O. organizations for encouraging the participation of labor in community planning and community services is a most promising sign of the recognition by labor of their responsibility for community as well as National action. More than any other unit of government, the State is entrusted with basic responsibilities for the

protection of children and the provision of opportunities for their health, education, and advancement. It is to be hoped that similar effective relationships can be developed between State bodies representing organized labor, departments of State government, and State-wide agencies to that which has already been achieved in many communities through labor-participation committees. Support of State legislation as well as improvement in State service is a matter of urgent importance. One of the measures now pending in a number of States is raising the minimum age of admission to gainful employment under State law during hours when school is in session to

16 years, with a basic minimum of 16 years for employment at any time in manufacturing occupations.

Above all, we must have in this country on the part of all groups the concern for the welfare of all the people which has been expressed in some of the statements of organized labor with reference to children and youth which I have cited. As children have led us in the past to more decent and humane policies for all age groups, so they should lead us to the daily practice of our conviction that none of us can know security and freedom unless both security and freedom are available to all.

A limited supply of reprints of this article will be available from the Children's Bureau, Washington 25, D. C.

Secretary of Labor's Recommendations Concerning Services for Children

We cannot safeguard children nor provide for them the security and opportunity which their welfare and growth require unless we begin with the family, says the thirty-second annual report of the Secretary of Labor, issued January 1945, in the section on the Children's Bureau. Recommending development and expansion of a number of special services for children in the reconversion and post-war periods, the report goes on to say that beyond these special services public and private policy should be directed toward the goals for family life adopted by the National Commission on Children in Wartime. One of the goals listed is: "Strengthening and extension of special guidance, counseling, and rehabilitation services particularly needed in reestablishing families disrupted by wartime separations, with due recognition of the spiritual, emotional, and social bases for wholesome family life." Another is: "Housing policies and standards directed toward providing every family with decent housing so planned that necessary health, education, recreation, and welfare facilities and services for children are available."

As peace approaches, thousands of boys and girls who have cut short their schooling to go to work during the war emergency will be demobilized from industry, the report says, and it will be of great importance during the reconversion period to keep out of the labor market children and young persons who should be resuming or continuing their education. Also, if access to edu-

cational opportunity is to be assured to children everywhere in the country, adoption of a policy of Federal aid for general elementary and secondary education is essential, according to the report. That the minimum age for employment during school hours should be raised to 16 years in the States which now have a lower basic minimum age is also recommended.

Pointing to the fact that 40 percent of the men examined for service in the armed forces were rejected, the report recommends enactment of legislation, separately or as part of an inclusive National health program, providing Federal aid to the States to enable them to expand existing health services and provide additional services. The additional services would be for maternity care and for health supervision and medical care of children from birth through adolescence, making such services available in every county or other local administrative unit in the United States.

Long-existing problems which have been scarcely touched during the war period—some of them intensified by wartime conditions—and which will require special consideration afterward, says the report, include the needs of the mentally handicapped child, the child with behavior problems, the child in jail, and the child without supervision because his mother works. Urging extension and improvement of State and local child-welfare programs, the report says that social services for children should be part of every local public welfare program.

YOUNG WORKERS IN WARTIME

Ways of Extending Educational Opportunities to Migrant Children¹

By WALTER H. GAUMNITZ, Ph.D.

Specialist in Rural Education Problems, U. S. Office of Education

NOTE.—Dr. Gaumnitz worked with the Children's Bureau in 1941 on the study, "The Work and Welfare of Children of Agricultural Laborers in Hidalgo County, Texas." He served as consultant, also, in the analysis and presentation of the educational material in the report.

In the present article he offers some suggestions for ways and means of providing more adequate educational opportunities to the children of families who follow the crops.

Nearly a million children between 6 and 16 years of age move annually from one school district to another while they and their families do seasonal work in the crops. Vast numbers of these children go to school only a month or two during the school year and many do not go at all.

Certain immediate steps should be taken toward educating the children in these families. Since many of the families move across State lines, the task of educating their children is not limited to what individual States can do. Some additions will probably be necessary to the basic Federal laws in order to provide financial assistance and administrative machinery for coping with problems in which two or more States are concerned. Moreover, the whole subject is bound up with the problem of child labor, and therefore any sound solution must depend in part upon the existence and enforcement of sound State and National labor laws.

Also, certain changes need to be made in the organization of school systems. The following may serve as bases for discussion.

1. Emergency schools for migrants

California has established by law emergency schools for migrants, and has provided for emergency teachers and for transportation of children, or cost of board and room in lieu of transportation. The schools are equipped and maintained by the counties, with the help of the State, which

pays, in addition to the regular annual grant of \$30 per elementary-school pupil in average daily attendance, half the amount apportioned to the elementary-school districts on account of special schools and classes for the children of migratory laborers, but not to exceed \$75 per calendar month per teacher employed in such special schools.

Such schools provide some educational opportunity for the migratory child among others of his own kind, and therefore he is often better able to learn, because he does not feel unwelcome, as he sometimes does when placed temporarily in regular schools.

Under this law also some part-time schools have been set up in labor camps. They provide some educational opportunity, but children who have been working part of the day are often too tired to learn.

2. Flexibility of school term and school day

Special short-term slack-season schools might be set up for children who remain fixed a part of the year. Such schools should be convened without regard to the usual term. Also, for children who work in the crops, a daily school schedule should be arranged, beginning an hour or two earlier than the usual time of 9 o'clock and stopping at 12 or 1 o'clock instead of 3:30. This would afford both an educational opportunity and an uninterrupted period for work. This might make a strenuous day for the child, but otherwise he would probably work an even longer day and without the benefit of a half day in school.

3. Improved methods of instruction

Certain improvements in present methods of instruction would be helpful; for example, ungraded rooms, smaller classes, and greater emphasis on individual instruction. Much could be done by breaking the curriculum into a relatively large number of independent units of instruction, or projects, and providing that definite small units might be completed by migratory children in one school and new ones undertaken in the next. If

¹Based on "Problems of School Organization Resulting From Migration," an article by Dr. Gaumnitz which is to appear as section 3 of chapter 2 in "American Education in the Postwar Period: Part 2. Structural Organization," Forty-Fourth Yearbook of the National Society for the Study of Education. (In press.)

the units could be arranged so as not to necessitate a fixed sequence, such planning would facilitate the progress of these children.

4. Improved program of child accounting

Child accounting could be improved by making it a State-wide function, with a supervisor in charge and a master file of cumulative record cards set up in the State department of education. These cards should contain the complete school history of every child from the time he is placed on the school-census list until he reaches the end of his compulsory school-attendance period. When a child leaves a school district he should be given an official release card, and a notice should be sent to the district where he expects to go. This notice should indicate the child's educational and labor status and state when and where he was last in school. A copy should go to the State office. The child and his parents then become the responsibility of the State child-accounting officer until he has entered another school or furnished acceptable reasons for delay in reenrollment. When a child has reenrolled, a copy of his complete record should go to the new school so as to provide his teacher with reliable information on all points necessary for a complete understanding of the child and his educational needs. This accounting program should not be limited to the intrastate movement of the child, but should follow him across State borders.

5. Improvement and enforcement of compulsory school-attendance laws

School-attendance laws, as well as child-labor laws, should be reconsidered in all States with a view to getting migratory children into school wherever they are. Enforcement should be closely integrated with whatever improved programs of child accounting and home and school visiting may be developed. Employment of sufficient and well-trained staff by State, county, and district school systems would be necessary.

6. State aid

The basis for allotting State aid needs to be changed from the school census to a more equitable one, such as average daily attendance. Such aid should pay for educating migratory children, not merely for the appearance of their names on the school enrollment. Since irregular attendance, retardation, pupil adjustment, elastic teacher supply,

and space provisions make for higher costs in educating migrant children, consideration should be given, in States having problems of a migratory population, to the establishment of some form of special financial aid in such an amount as to encourage the receiving districts to make the special effort necessary to overcome the increased difficulties involved in educating migrants.

7. Federal aid

Any plan for Federal aid to equalize educational opportunities between the States should include a proviso that would recognize the educational and financial problems involved in the movement of school-age children across State boundaries. Such a plan should provide (a) for necessary adjustments in the allotments of Federal aid made on the basis of numbers of children on the rolls the previous year, which for some States in certain years obviously would involve large sums; and (b) for special supplementary Federal grants to offset most of the increased costs entailed in the proper education of migratory children.

8. Interstate and intrastate conferences and agreements

One of the first things to do is to call conferences of local, county, and State school administrators to effect agreements essential to improvement of education for migrant children, such as agreements on enforcement of school-attendance and child-labor laws. Surveys should be made to determine the number, types, movements, activities, status, and peculiar educational needs of the migrants in any given area. The Federal Government might take the lead in bringing about such action and help to negotiate and effect agreements between States.

In conclusion, the importance of uniting smaller school districts into larger ones for administrative purposes should be mentioned. Fewer boundaries would mean fewer children moving from one jurisdiction to another. Moreover, larger districts would make it easier to employ the professional staff necessary to provide such special services as those named, as well as medical examinations and treatment, special attention for maladjusted children, and vocational guidance.

While all the suggested changes might not be made at the same time, they could be done piecemeal, or combined to meet local conditions.

NOTES

The power of the Wage-Hour Administration to prohibit industrial homework in the embroidery industry as a necessary condition for maintaining a 40-cent minimum hourly wage under the Fair Labor Standards Act has been upheld by the United States Supreme Court in a seven-to-two decision February 26, 1945. (*Gcmsco et al. v. Walling*)

This is a long step forward in the protection of children from industrial homework.

At its meeting in Utica, N. Y., on November 5, 1944, the New York State Bowling Proprietors Association unanimously adopted the following resolution: " * * * the New York State Bowling Proprietors Association does hereby resolve to obey all present laws pertaining to the employment of minors as pin setters and will not at any future time try to lower present standards, or age limits."

THE LONG ROAD; FORTIETH ANNIVERSARY REPORT (56 pp.) and CHILD MANPOWER—AFTER THREE YEARS OF WAR; ANNUAL REPORT, YEAR ENDING SEPTEMBER 30, 1944 (42 pp.). National Child Labor Committee, New York, 1944.

These two reports give a vivid picture of an organization that for more than a generation has been a strong moral force pressing for the protection of children from harmful employment.

When the National Child Labor Committee was organized in 1904, with Dr. Edgar Gardner Murphy of Alabama as its moving spirit and Dr. Felix Adler as its chairman, it was the only national organization, other than the National Consumers' League, organized in 1899, that was concerned about child-labor evils in this country.

The *Long Road* carries the reader from 1904, when the organization was launched, through a decade of slow awakening of public opinion to the existence of abuses in child employment, with a few gains accomplished in State legislation, followed by a 20-year period of considerable progress in State standards and ups and downs in attempts to obtain Federal regulation, and then through the upheavals of the past 10 years.

Looking toward the future the report states:

"The war has revealed the weaknesses in the democratic framework of this country as probably nothing else could have done. The high percent of draft rejections for illiteracy, physical and mental disabilities, has shocked a nation that has prided itself on its free educational system and its attention to public health. It can no longer escape the fact that more and better education, more and better health measures are fundamental needs. Keeping children in school until they are at least 16, making it possible for them to receive an education during these years from which they can benefit, providing advanced education for qualified students whose only lack is money, replacing perfunctory health examinations with thoroughgoing health programs in

schools and communities, are clearly measures essential to the future strength and vigor of America."

The *Annual Report for the Year Ending September 30, 1944*, gives a more detailed account of the committee's activities during the past year, with a picture of "child manpower after 3 years of war." During this year, the report states, the committee "has attempted to cope with the mounting child-labor problems that have developed as a result of the manpower shortage and has also given consideration to building for the post-war years—both to meet the immediate problems with which we will be confronted at the expiration of hostilities, and to develop a long-term program for the employment of children and youth in this country."

A list of the major publications of the Committee is appended to *The Long Road* to illustrate the range and content of the material produced in connection with its work of educating the American public to demand a better life for its children.

E. A. M.

STUDENT WAGE EARNERS IN MINNEAPOLIS, by Margaret E. Andrews, Employment Coordinator, Board of Education, Minneapolis Public Schools, Division of Secondary Education, 1944. 16 pp. Mimeographed.

How the Minneapolis Public Schools are meeting the problem of tired, restless, unprepared students, of absenteeism, and of drop-outs of those who can not manage both school and job is told in this report prepared by the employment coordinator.

In the fall of 1943 the Minneapolis schools initiated a threefold plan of action: First, by means of questionnaires answered by students in the senior high schools, information was obtained on the students that were working and the conditions under which the work was done. Second, the conditions of employment were appraised in terms of the standards for part-time employment issued jointly by the War Manpower Commission, the United States Office of Education, and the Children's Bureau. Third, follow-up interviews were held by the employment coordinator with students who were found to be working under conditions contrary to these recommended standards, and with their employers, for the purpose of working out the needed adjustment in the student's job schedule.

The coordinator's report gives a detailed analysis of the findings of the questionnaire survey, covering such factors as age and sex distribution of employed students, daily and weekly hours of work, occupations, hourly and weekly earnings, the manner in which the students obtained their jobs, and whether or not they were satisfied with them. Communities confronted with similar problems will find this analysis of considerable aid in planning surveys and in analyzing their findings. When planning their follow-up programs, they will find particularly heartening the statement that most of the students were willing to adjust their job schedules or to change jobs when advised to, and that nearly 100 percent of the employers were willing to make the necessary adjustments.

The employment coordinator concludes her report with a list of sound recommendations for the development of further follow-up procedures and for the expansion of the Minneapolis program to include students in the junior high schools. She recommends that material on standards for student employment be included in some required social-science course in high school or junior high school.

Each young man who completes his school work and starts looking for a job has a better chance than his dad did. . . . The young fellow knows more than his dad did. The world is doing more in scores of entirely new fields. Naturally, he'll find his place in the picture.—Charles F. Kettering.

SAFEGUARDING THE HEALTH OF MOTHERS AND CHILDREN

May Day-Child Health Day 1945 will give special recognition to birth registration and will be sponsored jointly by the Children's Bureau and the Bureau of the Census.

The Association of State and Territorial Health Officers will meet in conference with the Children's Bureau April 12, 1945, to discuss administration of the maternal and child-health and crippled children's programs under the Social Security Act.

"A Healthy Family in a Healthy Home" will be the special objective of the thirty-first observance of National Negro Health Week, April 1-8, 1945. For further information write National Negro Health Week Committee, United States Public Health Service, Washington 14, D. C.

A small conference on dental care for children was held at the Children's Bureau February 22-23, 1945. Among the topics discussed were

research in prevention of dental diseases among children, development of a program of dental care for children, and training of personnel for children's dentistry.

ALL ABOUT FEEDING CHILDREN, by Milton J. E. Senn, M.D., and Phyllis Krafft Newill. Doubleday, Doran & Co., Garden City, N. Y., 1944. 269 pp. \$2.50.

A professor of pediatrics in psychiatry and the author of a general cookbook have collaborated in the writing of this manual for parents. The aim of the authors is to provide a "useful supplement to the advice of an attending physician, relieving him of the necessity for giving individual, time-consuming verbal instructions on food preparation." Starting with dietary advice for the mother so that she can nurse her baby successfully, the chapters take up in detail food needs and eating behavior from birth to school age and touch briefly on these same topics as related to older children. The general plan for introducing foods into the diet of the infant and the young child is accompanied by explicit instructions for preparing individual foods and their service in the form of meals. The style of writing is conversational but never condescending. An excellent index facilitates reference to the book for information on specific points.

SOCIAL SERVICES FOR CHILDREN

The first annual report of the Child-Guidance Center of the Mississippi State Board of Health has been made jointly by the psychiatrist, the psychologist, and the psychiatric social worker of the center. The child-guidance center was added to the services provided by the Mississippi State Board of Health, September 1, 1943, with the establishment of a single center at Jackson, modeled after the Judge Baker Guidance Center in Boston. Since then mobile centers have been set up in seven additional localities. Copies of the report, which covers the period September 1, 1943, to September 30, 1944, may be obtained from the State Board of Health, Jackson, Miss.

The changing pattern of health and welfare services during our transformation from a Nation at peace to one at war may be observed in the figures shown in the social-statistics supplement to *The Child* for October 1944, which is entitled, *Changes in Volume of Health and Welfare Services, 1940-42*. Single copies of this 22-page bulletin may be had from the Children's Bureau, Washington 25, D. C.

ABOUT FOSTER CHILDREN; suggestions to nurses and social workers for helping foster parents (Child Guidance Pamphlet No. 16, 27 pp., single copies 25 cents) and TO FOSTER PARENTS; this is your foster child (Child Guidance Pamphlet No. 17, 11 pp., single copies 10 cents). Prepared by the New York City Committee on Mental Hygiene and the Bureau of Child Hygiene of the New York City Department of Health. Order from New York City Committee on Mental Hygiene, 105 East Twenty-second Street, New York 10, N. Y.

These two pamphlets, prepared as part of a project in mental-hygiene education made possible by a grant from the Greater New York Fund to the New York City Committee on Mental Hygiene of the State Charities Aid Association, contain much common sense, briefly expressed. *About Foster Children* makes an effort to convey to nurses and social workers some of the understanding of family-child relationships that is needed for successful placement of a child in a foster-family home. It discusses psychological problems likely to arise during placement and gives suggestions on ways in which the worker can help the children and the families in their care. *To Foster Parents*, which is planned to be given to foster parents by the worker who is helping them, summarizes some of the suggestions for parents given in the pamphlet, *About Foster Children*. A list of "Recommended Reading" is included in each pamphlet.

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THE CHILD

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April 1945

No. 10

In This Issue . . .

MEXICO CITY CONFERENCE

SOCIAL SECURITY THROUGH OUR CHILDREN

TEEN-AGE RECREATION PROGRAMS

DENTAL CARE FOR EVERY CHILD

UNITED STATES
DEPARTMENT OF LABOR
CHILDREN'S BUREAU



THE CHILD

MONTHLY BULLETIN

VOL. 9, NO. 10, APRIL 1945

Editor, MIRIAM KEELER

Assistant Editor, SARAH L. DORAN

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MAY 1, 1945, IS BIRTH-REGISTRATION DAY

May Day-Child Health Day 1945 will be observed in many communities as Birth-Registration Day. The importance of a birth certificate in protecting a child's rights is recognized in a movement, led by the Children's Bureau and the Bureau of the Census, to make sure that every baby's birth is registered.

In the last 30 years, the Nation has made tremendous strides toward the goal of 100 percent registration of the births of its babies. Some areas, however, lag far behind the high standards achieved in many States. This campaign is designed to help States with high registration records to maintain those records, and to help the rest achieve a more complete coverage. A number of areas especially in the South and Southwest are making special efforts this year to have all their babies registered.

To assist communities in such areas in carrying on birth-registration campaigns the Children's Bureau will send, upon request, copies of radio scripts suitable for use on local stations and copies of any of the following publications: Birth Registration—A Handbook for Child Health Day 1945; Completeness of Birth Registration; Facts About Child Health; Facts About Crippled Children; and Why Register? which is available both in English and in Spanish.

The President of the United States has issued a proclamation as follows:

CHILD HEALTH DAY, 1945 By the President of the United States of America A Proclamation

WHEREAS the health and vigor of the Nation's citizens are not only essentials in the achievement of peace but also goals for the fullest enjoyment and perpetuation of peace; and

WHEREAS it has been demonstrated that many physical defects which handicap large numbers of adult citizens are evident during childhood, and could be prevented or corrected with proper care at that time; and

WHEREAS good community planning for the health and care of our children starts with the registration at birth of all babies; and

WHEREAS each year the births of tens of thousands of our babies are not officially registered; and

WHEREAS the Congress by joint resolution of May 18, 1928, (45 Stat. 617) authorized and requested the President of the United States to issue annually a proclamation setting apart May 1 as Child Health Day:

NOW, THEREFORE, I, FRANKLIN D. ROOSEVELT, President of the United States of America, do hereby designate the first day of May of this year as Child Health Day.

And I call upon the people in each community to use that day as an occasion to impress upon parents the importance of registering the birth of every baby born in the United States; and I further urge our citizens to mobilize community resources for the better care of our children so that the growing generation will be strong to mold the peace.

IN WITNESS WHEREOF I have hereunto set my hand and caused the seal of the United States of America to be affixed.

Done at the City of Washington this seventh day of April in the year of our Lord nineteen hundred and forty-five and of the independence of the United States of America the one hundred and sixty-ninth.

(Seal) FRANKLIN D. ROOSEVELT.

By the President:

E. R. STETTINIUS, JR.
Secretary of State

Publication of THE CHILD, Monthly Bulletin, with SOCIAL STATISTICS supplements from time to time, was authorized by the Bureau of the Budget, May 12, 1936, under Rule 42 of the Joint Committee on Printing, to meet the needs of agencies working with or for children for a regular channel of information on current developments, activities, policies, and programs for maintaining the health of mothers and children, providing child-welfare services, and safeguarding the employment of youth. Address THE CHILD, Children's Bureau, U. S. Department of Labor, Washington 25, D. C. The Children's Bureau does not necessarily assume responsibility for the statements or opinions of contributors not connected with the Bureau. THE CHILD is for sale by the Superintendent of Documents, Government Printing Office, Washington 25, D. C., at 50 cents a year; foreign postage, 25 cents additional; single copies, 5 cents.

UNITED STATES
DEPARTMENT OF LABOR
FRANCES PERKINS, *Secretary*



CHILDREN'S BUREAU
KATHARINE F. LENROOT, *Chief*

GENERAL CHILD WELFARE

Child Welfare at the Mexico City Conference

By KATHARINE F. LENROOT
Chief, U. S. Children's Bureau

Although political and economic matters had the center of the stage at the Inter-American Conference on Problems of War and Peace held in Mexico City from February 21 to March 8, 1945, the interests of children were not neglected. A committee on social questions, which was one of the two subcommittees of the Committee on Post-War Economic and Social Problems, had before it resolutions from Mexico, United States, Brazil, and other countries, which related particularly to the health, education, and welfare of children. The important Declaration of Social Principles of America adopted by the Conference, contains basic principles which are fundamental to family life and the security and opportunities which should be available to all children.

Of the five resolutions referred to the committee and adopted by the Conference, two relate especially to children, and three include child welfare among their objectives. The resolutions on health security recommend that the governments of the American republics give preferential attention to public-health problems, particularly those of sanitation, control of epidemics, preventive and curative care, and decrease in infant mortality, provide all possible resources for the solution of such problems, and intensify mutual aid toward these ends. The resolution on social questions requests the Inter-American Technical Economic Conference, which is to be held in Washington this summer, to give special attention to questions of a social character, including development of services for children and youth, and asks all of the American republics to adhere and give full support to the American International Institute for the Protection of Childhood, to the end that its work in behalf of the children of the Americas may be extended and intensified. It is also recommended that the governments encourage the further development of cooperative Inter-American activities on the part of public and private organizations and associations of a national character in a position to promote the social objectives of the Conference.

Expansion and development of social-security programs, and of education, public health, and

social assistance and welfare services, are included among the objectives stated in the Declaration of Social Principles of America. The regulation of child labor and the development of basic policies to assure family moral stability and the economic improvement and social welfare of the family were also included in this declaration.

Mexico proposed two special resolutions, a "Charter for Women and Children," and a resolution on Inter-American cooperation in behalf of European children. The recommendations included in the "Charter for Women and Children" are as follows:

1. That the countries which have not yet approved the agreements, declarations, and recommendations in behalf of the woman, the child, and the family, agreed to in the different conferences and congresses enumerated above, ratify or put them into effect as soon as possible;

2. That in every country, through a special commission or an existing organization of government appropriate for the purpose, a study be made of the professional and vocational opportunities and the problems of women in the post-war period;

3. That there be established in every national department of health, social welfare, and labor, sections devoted especially to the problems of women and children, under the direction of qualified women or administered with their full cooperation;

4. That there be entrusted to the Inter-American Commission of Women, in cooperation with the American International Institute for the Protection of Childhood, the International Labor Organization, and other international organizations interested in the subject, an extensive study of all aspects of family life and of the problems of the woman and the child, as well as the opportunities, services, and protection required for their own welfare and the future of the human race;

5. That the conclusions and recommendations of this study, which should include a draft of a Charter for Women and Children, be submitted to the consideration of an International Conference of American States or to a Meeting of the Ministers of Foreign Affairs of the American Republics.

The resolution on Inter-American cooperation in behalf of European children recommends that the American International Institute for the Protection of Childhood, which has already studied the subject in accordance with a resolution adopted by the Second Meeting of the Ministers of Foreign Affairs of the American republics,

give special attention, in cooperation with the Pan American Union and other international organizations, to the manner in which American republics can help to provide care and opportunities for European children who are without homes and in dire circumstances.

The setting of the Conference in Mexico City was one which gave added emphasis to the recommendations of the Conference with reference to children. Mexico is engaged in a nation-wide campaign against illiteracy. On the first Sunday of the Conference a celebration in recognition of the completion of the first stage of this campaign was held in the National Stadium. The school children of Mexico City and other cities participated in the celebration through songs, demonstrations, physical exercises, and dancing. By law every person in Mexico who can read is under obligation to teach an illiterate and has access to special material prepared by the Government.

Mexico is also developing new schools and raising the level of the preparation of teachers.

A new children's hospital in Mexico is said to offer facilities as fine as any in North America, and the writer can well believe that this is true. The physical equipment, executive leadership, and staff of the hospital are outstanding. Included in the staff are medical specialists in various branches, nurses, and social workers. Two new health centers are being constructed, and 18 maternal and child-health centers are now in operation in Mexico City. These centers, under the direction of the National Department of Health and Social Welfare, include prenatal clinics, child-health conferences, lectures and demonstrations, day nurseries, and mothers' clubs. The campaigns against infant mortality and illiteracy are recognized by the President and members of the Cabinet as basic to the future of Mexico.

Next Steps Outlined by National Commission on Children in Wartime

A statement embodying next steps for children and young people in the United States was presented by the Committee on Plans for Children and Youth to the Executive Committee of the National Commission on Children in Wartime at its meeting February 16 and 17, 1945. In preparing the report the committee drew largely upon recommendations of the Children's Bureau General Advisory Committee on Social Services for Children and its subcommittee, the Advisory Committee on Leisure-Time Services to Children, the Advisory Committee on Maternal and Child Health Services, the Advisory Committee on Services for Crippled Children, and the General Advisory Committee on Protection of Young Workers. The statement has been mimeographed

by the Children's Bureau under the title, "Building the Future for Children and Youth," with amplifications and revisions adopted by the Executive Committee and has been sent for comment and suggestion to all members of the Commission, of which Leonard W. Mayo is chairman.

In final form the report will be issued for Nation-wide use. It is presented as a plan of action, stressing proposals for extending cooperative Federal and State programs for children, proposals for State and community action including continuous planning for children and youth, and a few selected proposals for immediate study. Subsequent reports will be prepared as further proposals in the various fields are worked out and agreed upon.

NOTES

"Youth Is the Future," is the slogan for the twenty-fifth observance of National Boys' and Girls' Week, April 28-May 5, 1945. Through the observance of this week the public's attention is called to the importance of the home, the church, and the school in the proper development of youth. May Day-Child Health Day falls within Boys' and Girls' Week, and in harmony with the spirit of the President's proclamation the sponsoring committee suggests that May 1 be set aside as Health and Safety Day. Further information may be ob-

tained from the National Boys' and Girls' Week Committee, Room 950, 35 East Wacker Drive, Chicago 1.

HEALTH AND WELFARE PLANNING IN THE SMALLER COMMUNITY. Community Chests and Councils, Inc., 155 East 44th Street, New York 17, 1945. 27 pp. 25 cents.

This booklet was prepared in response to a demand from communities all over America which are organizing, or would like to organize, planning and coordinating councils to deal with local problems of health, family and child welfare, and recreation.

SOCIAL SERVICES FOR CHILDREN

Social Security Through Our Children¹

By LEE G. DOWLING

Deputy Commissioner

New York State Department of Social Welfare

*** When broken homes, lack of supervision, absence of parents, neglect, and other war-intensified conditions began to injure more and more children, we became very much concerned. We turned to the big blanket of security insurance we have been weaving and tried to stretch it protectingly over our children. Then we got a shock. It didn't quite fit the purpose. Why? Let us learn why. After all, we have always believed that one of the greatest inventions of modern times is what we call social security. And it is.

We progressed from public assistance to insurance because we realized that unemployment, old age, death of the breadwinner, sickness, and accidents were not transient hazards; they were tied in with our industrial system in which most of us must depend upon steady, uninterrupted wages for our livelihood and well-being, and it was these need-producing factors which interrupted or ended wages altogether.

* * * * *

That any human being must go without the elementary needs of life itself, in a civilized society in the twentieth century, is surely a puzzling paradox. And it becomes more puzzling in a nation made rich by great natural resources and made powerful by great productive processes such as characterize this America of ours. So we have been turning over the dark pages of human want and providing for all of the needs of all—or at least so it appeared to us. But we were mistaken.

ECONOMIC VS. SOCIAL INSURANCE

Our insurance programs, we have begun to realize, are economic insurance, rather than social insurance. And the war-intensified children's problems, we knew, were more social than economic; often it was a situation of "too much money," not too little. We recognized, also,

that insurance programs are geared largely to adults rather than children. And further, such provisions as were made for the social needs of children, were piecemeal—and pretty small pieces at that.

So we looked to the one public program devoted exclusively to the abandoned, abused, neglected, destitute, and delinquent children, the program upon which such distressed children must depend for help, guidance, and correction. We found public child-welfare services to be a relatively meager, thin wall of defense manned by a comparative handful of child-welfare workers—as against what all of us want it to be, what we must build it to be, what child-welfare goals seek for all children in America.

* * * * *

Why? We have been stressing economic need in our fight for security. This was natural and expedient; it was something everyone in an industrial society understood. When we spoke about what happened to a family when wages stopped, almost everybody knew at once what we were talking about. Consequently, every proposal which made out a strong case for economic need became not only acceptable but desirable to the great majority of citizens.

Child welfare did not constitute such a proposal. It dealt primarily with social security, social needs, intangibles, human wants hidden in the heart, the mind, the spirit of the child. America was not ready for the second half, the social half, of total security. It was concerned with the first phase only, bread alone; for rich, well-fed America had just seen starvation stalk its streets. Then again, large blocks like the aged and the unemployed represented powerful forces in our political life, and were able to exert articulate, mass pressure on legislatures. The socially submerged children had no such mass representation, except the few voices of pioneer-

¹Excerpts from a paper presented at New York State Conference on Social Work, Rochester, N. Y., November 15, 1944.

ing child-welfare workers whose advocacy lacked the pressing power of widespread public support.

* * * *

PROGRESS OF OUR PHILOSOPHY

Prejudice and lack of understanding are exemplified in the history of our philosophy of the care of delinquents, a philosophy which has been inseparable for decades from that of the treatment of adult criminals. Only recently did we move away from the equally fallacious concept of reformation—the child is “bad” and must be reformed. Fortunately, we are now beginning to learn that we must recognize the pressures on each such child, evaluate the damage of such forces, appraise the social needs of the child, and supply those needs. We are learning that each child represents an individual problem that must be diagnosed and treated on an individual basis, that we can’t treat the specific social needs of the individual child in a mass program—any more than we can cure all the sick individuals in a hospital by one common medical treatment.

Yet many people believe there is something “wrong” with socially disfranchised children—just as a short time ago the unemployed were considered to be a group about which something was “wrong.” But, in this late day and age, we have not yet learned that such children are largely the victims of the family life and the society in which they happen to find themselves, that they are not underprivileged because of some mysterious evil thing that is “wrong” with them.

The social needs of children are so little understood, even today, that we must put on a demonstration of child-welfare services before we can even get a child-welfare worker into a community! Why? Because of prejudice? Yes. Because of lack of community knowledge of the problem? Yes. Because of lack of faith in past efforts to help children? Yes. Because of lack of demonstrated results? Yes. Yes—all these things and more.

But one big fact came up at all such conferences where the fundamentals and the future of a sound children’s program were sought. This is the fact: We have failed to recognize that, if America is to have *total* security—social and economic—it can come only through its generations of children which comprise the continuity of our national life. That national life can be no more secure than the strength of the children who make and mold it. And the strength of our citizens of tomorrow is inevitably related to the fulfillment, or lack of fulfillment, of the spiritual, cultural, educational, health, and economic needs of today’s children. Out of these human resources, intact or damaged, strong or weak, will come the

pattern and the substance of our national life of tomorrow. We who were the children of a generation or two ago have built an economic foundation under this national life of ours. We did this because we struggled with, understood, and sought safety from, the economic pressures that affected our lives and our welfare. We sought what was for us our immediate, urgent needs, some practical assurance that we would never again go without food and shelter and the other material essentials of existence. Most of our efforts have been made at this emergency level, to take care of existing problems, and those future problems which have an economic base. Thus we have realized, at least, a negative concept of social welfare.

* * * *

We cannot meet the social needs of children for a home, for affection, for a sense of safety, for understanding, for guidance, for a place in this vast world of ours, for the feeling that somebody cares—even though we had the whole national income at our check-writing disposal. It just can’t be done that way. This is not an economic job: this is a spiritual consecration. Bookkeepers can budget economics but they can’t budget the spirit of man.

* * * *

THE PARENT IS THE FIRST CHILD-WELFARE WORKER

This equality of opportunity for children we strive to furnish through the securities we provide in the home and seek to supplement through our community facilities—church, school, recreation, library, health, child welfare, and other services. But, let us never forget, these community services are but supplementary aids to the parent, the first child-welfare worker. Child-welfare services, in the broadest sense, we must learn, should operate primarily in the home. When they don’t function in the home, we need them outside the home—to take care of the resultant casualties. There can be no successful substitute for adequate home life; every security program must be predicated upon that fact, for that is the foundation for all security.

Consequently, when that home life fails, becomes inadequate, or is missing altogether, the child is injured. And then, added to the big army of little people who have been pushed around, are more of the deprived and depressed children—the potential rebels, criminals, war-makers. And no economic class—to get back to that bugaboo—has a monopoly on this. The home richest in material things can be the most damaging to a child, just as the economically deprived home may have priceless social resources within its broken walls. Surely, the day of hit-

or-miss rearing of children should come to an end. Every resource of the modern world should be at the disposal of all parents, at all times, for this greatest of all tasks.

* * * *

OUR FIRST JOB

Our first job is to tell the community about the problem—its problem—of children in social need. We have been too busy telling ourselves, rather than the community, about it. Give the facts, all the facts, simply and clearly and tellingly—the number of children involved; where, why, and how they are cared for, and with what results. Identify and explain the conditions which continue to injure children day after day, year after year; explain what can be done to correct these conditions, how the community must go about this job of correction. We must interpret these damaging conditions from current and long-range points of view, have the community see sharply and dramatically today's socially damaged child as the handicapped citizen of tomorrow. And remember, the greatest support for your child-welfare structure is the concern, the affection, the love, that every normal person has for children. Address yourself to this great, progressive instinct.

OUR SECOND JOB

Our second job is to have a sound plan ready for utilizing public support, translating it into effective action for children. Here again, we have been too busy telling each other about our planning, but not the community. However, we must not stimulate the community to a stage of high

concern if we ourselves are unprepared, uncertain, and confused about what should be done. We've got to go right down the line on this, once we start it, because, if we do a good job of interpreting children's needs, we will have a lot of community pressure on us to get going on a better program. So we must be ready with a better program.

* * * *

The whole history of progress in social welfare reveals just such a pattern of dramatization of needs, public awareness of them, public action to fulfill them, and, finally, translation of the public will into social services. There is no other sound way of doing it. There is no quick, easy way to do it. It must come from the rank and file of the general public. It cannot be imposed from the top, by ideology. It must arise from the fiery desire that no child shall be pushed around. It must be based on the granite conviction that every child has the right to a healthy body, a sound mind, an undamaged personality. It must be aimed at the goal of a total social security for every man, woman, and child in America—and beyond America. Not only must it provide for the casualties but it must prevent such casualties by removing every condition which belittles, injures, or threatens the children of today and makes of them the handicapped men and women they become tomorrow. This is, is it not, the complete social welfare that all of us seek? And is it not clear to every one of us that we cannot have this full social security unless we get the kind of child-welfare services upon which such total welfare must necessarily be built? There is no more important task before us than this job of building a whole way of life for the better, for all children.

Teen-Age Recreation Programs

Note.—At a meeting of the Children's Bureau Advisory Committee on Leisure-Time Programs, November 3, 1944, a Subcommittee Report on Teen-Age Programs was presented by Dr. Fritz Redl, Associate Professor of Group Work, School of Public Affairs and Social Work, Wayne University. The following is a summary of the verbatim report.

The subcommittee on teen-age programs tried to confine itself to an evaluation of what is happening right now. (1) The first question around which I am to organize this discussion relates to the various situations in which the planning of teen-age programs and program changes is undertaken. (2) The second question relates to some of the problem areas in teen-age programs. (3) The third is concerned with a special development of teen-age programs—so-called teen-age "hangouts." We tried to organize our thinking around the causes of this development and around

an evaluation in terms of possibilities as well as limitations. We never quite got away from the difficulty of knowing when we were talking about the teen-age program in general and when we were talking about this new development of teen-age centers or youth hangouts, but we agreed that in talking quite a lot about the teen-age center we did not mean to imply that it is the most important development in the teen-age program—it may be the most spectacular and the most convenient development, but not necessarily the most important—nor did we suggest that it is the solution of program problems.

ORGANIZATIONAL SITUATIONS IN RELATION TO YOUTH PROGRAMS

Seven types of situations were listed, about which workers most frequently ask questions.

1. Changes of program within an existing agency

In this situation the organization is the same. The people it works with are the same. But somehow—through the psychology of war living, through some dislocation of family life and home life, through some change in clientele in the neighborhood, through the need for decentralization of programs—most agencies and organizations are faced with the question, "How are we going to adapt our program to the teen-agers, within a basically unchanged organizational setting?"

2. New programs for old clientele

This situation occurs, for example, when an existing agency starts a youth hangout or canteen. The agency knows the neighborhood, and knows the people, and the people feel an affiliation to the agency.

3. New programs for new clientele

Here the youth program represents an extension of service of an existing agency. The aim is to get in youngsters who were not previously reached by the agency. This often happened under the impact of the delinquency scare and the response of agency staffs who—sometimes unnecessarily—feel that their premises are not used by those who need them most and think of developing programs that would attract youngsters not otherwise amenable to the agency.

4. Decentralized centers or hangout programs for an entirely new clientele with no agency affiliation

In Detroit, for example, the Young Women's Christian Association went out and rented a fire station and set up a youth hangout not officially affiliated with the Y.W.C.A. The youngsters were not to be members of the Y.W.C.A. or to know that the center was run by the Y.W.C.A. "It was just a joint, period."

5. Youth centers operated by organizations that do not ordinarily sponsor youth recreational programs

Some churches already had youth programs and only extended them to reach the teen-agers (for example), but others started them as a new adjunct to their church program.

6. Youth centers sponsored by others

Some youth centers are sponsored by private individuals, commercial organizations, and others, who all of a sudden wanted to do something about the youth problem but had no agency framework or staff through which to function.

7. Hangouts developed and operated by youth committees, clubs, and councils

The difficulty is to decide whether a hangout

is really operated by the young people themselves. There are many centers where adults are invited to help. The adults may say it is initiated by the youth or developed by the youth, but how many centers really are originated, initiated, and maintained entirely by the youth? It is sometimes hard to decide.

Any discussion of youth programs is meaningless unless we know which of these special situations we are talking about. The answer to any type of problem—the racial issue, for example—may depend on the type of setting in which adolescents find themselves.

PROBLEM AREAS IN PROGRAMS FOR YOUTH, AND OUR REACTIONS TO THEM

I. Interracial and intercultural problems

The committee agreed on three general policies for handling interracial or intercultural problems.

(a) If a new program with interracial or intercultural characteristics is being developed it is more likely to succeed if other new elements are not introduced at the same time. Forming new groups from neighborhoods with different styles of life increases the recreation problem so much that you may not only have an interracial problem but others as well because of too many differences. Also, let us form recreation groups as carefully and skillfully as we can in terms of all characteristics, including mental age, social development, and so forth.

(b) It is wise to start an interracial or intercultural program on a level which doesn't produce other anxieties. Activities which bring together youth of different racial or cultural groups should be of a kind that the youngsters can participate in without too much difficulty.

(c) People coming into an agency may bring tensions into the agency with them, whether this is what was planned for or not. So if conflict occurs, even when the set-up was very well planned and the conflict may not be related to the program, it is important to realize this and handle it as carefully as possible. Youngsters as well as adults frequently focus conflicts that come from somewhere else on the racial or intercultural issue. For example, if a tough youngster of one race beats up a tough youngster of another race, this need not necessarily be a race problem. By careful diagnosis and real interpretation it may be kept from being experienced as a race problem and be brought back to its original level of tension between young people. This is nothing new—it is usually part of the policy of all group-work agencies. But often I find workers who feel guilty

about using so much time on these things. I don't think it is waste of time: I think it is very essential.

(d) One intercultural tension, frequently not recognized as such, is the tension between sub-cultural groups, like the difference between youngsters from a tough neighborhood and youngsters identified with the upper middle class. Taste—in terms of what behavior is cute or impressive—is very differently expressed on different economic levels. Going into a place with his hat on may show lack of respect in one youngster, but this only may be a sign that he feels comfortable and at home in another youngster. We haven't enough materials on these subcultural differences—so far we have been more successful in describing cultures like those of the Eskimos and Samoans.

2. Attitudes toward new clientele

Many agencies are worried for fear the old clientele wouldn't like the new clientele, or the sponsoring board or committee wouldn't like them. This indicates a tremendous need for training and interpretation, not so much perhaps for professional people as for volunteer workers. Workers need to be prepared for what they are going to find and see in terms of new clientele and be prepared to understand their behavior instead of reacting negatively to unaccustomed or unusual behavior exhibited by adolescents.

3. Relationships between leaders and participants

(a) The leader should have the skill to show his basic acceptance of the youngsters so well or so automatically that he can afford to interfere with their behavior. In large teen-age programs there are times when the leader has to interfere with some individual's behavior. These situations can be easily handled if the youngsters have the feeling of acceptance by an adult for what they are. The leader must decide, after studying the youngsters, what kind of behavior he can afford to interfere with, and what not. He learns to tolerate behavior, not on the basis of whether his own sensitiveness is hurt, but on the basis of what it means in terms of the lives of these youngsters. In one place with one background, behavior may be objectionable and require interference, while in another setting, the same behavior is perfectly acceptable. It is important for workers to have an understanding of standards in terms of the culture of the youngsters and of their sociological affiliations.

(b) The leader should have an adequate knowledge of the psychology of adolescents. If he knows what adolescents go through in growing up he will be able to develop a program which is closer to the interests of adolescents, including work, marriage, and school, and to utilize their interest

in participating in leisure-time activities in a meaningful way.

(c) Adolescents need to have the feeling that adults trust them and don't get scared when they want to take the initiative. The workers should realize that it is important to challenge youth in terms of increased rather than decreased participation. Of course most of us feel that a sense of humor is an essential equipment for people who want to take on the job of working with teenagers in an environment not overcontrolled. This is especially true as the training of most workers has not prepared them to deal with the handling of teen-agers in large groups and really informal organization.

4. Counseling

Counseling is not considered a part of the hangout program at all, but surprisingly enough sometimes when the leader has no intention of giving counseling services, the youngsters come and find out that the leader is not so bad as they thought he might be, and suddenly the leader finds himself surrounded by 10 or 20 youngsters who want to tell him their life history and ask him for help with their difficulties. This occurs especially in large group situations. It is rather opposed to the original theory of case-work counseling in a small situation, hermetically sealed in an interview room. Now we are finding one advantage of the large grouping where the youngsters know they can walk right out if they begin to feel embarrassed. Agencies need to be realistic enough to acknowledge that the leader cannot solve all the problems of individual youth in a hangout. However, an agency might provide professional help to the workers which can help them with meeting the counseling problems. Then, they might look for places where some on-the-spot counseling could be used, perhaps using a case worker who might come to the large group centers ready to volunteer her skills if she sees a place for effective case-work counseling.

5. Employed youth

In some places a lack of interest in organized programs has been shown by employed youth. For them the informal, mass anonymity of the hangout seems to be easier. Some employed youth seem to have an aversion for the social agency as a source of recreation because the fun they can have there is not sufficiently tied up with the fun of using the money worked for all day long, and their status as employed youth. Some employed youth may be getting sufficient recreational opportunities through programs conducted for war workers by industrial plants. Some youth have little time for recreation. Their working

hours may interfere with recreational life. A program for adolescent girls in a trailer area in one community failed because after school the girls had to take care of the little children at home, have all the dishes washed, and other tasks done, when their parents came home. Employed youth must be approached differently from school youth. The boy who is employed may want a more adult type of recreation. Maybe that is why employed youth often seem to prefer commercial recreation. The whole question of commercial recreation and its appeal to young adults should be given more study.

6. Interpretation to the community

The subcommittee on teen-age recreation programs organized its thinking about interpretation around three questions: What needs interpreting most? Who are the people to whom we should address our interpretation? In what ways can the interpretation best be done?

(a) The importance of continued community planning for teen-age youth should not be forgotten because of some temporary emergency.

(b) Since some people have interpreted delinquency prevention as something that includes the whole recreational program, there is need for an interpretation as to what is and what is not the relationship of delinquency to the recreational program.

(c) The canteen program, as a new development, needs a lot of interpretation. Some of the headaches agencies are having over the hangout program were produced by the fact that it developed so fast that no one had time to tell the community, including agencies and the people who lived next door, what a teen-age canteen would mean in the neighborhood. Adolescent behavior itself needs interpretation to adults. The noisy way in which adolescents grow up is confused with the signs of decay. Sometimes social acceptance depends on social-economic differences. In a college town it is all right if at the freshman rally, a few windows get smashed, as it is no more than college towns expect. But if the youngsters are in a large city and wear "zoot suits," all of a sudden it is feared that they are "delinquent" youth.

THE YOUTH CENTER OR TEEN-AGE HANGOUT AS A DEVELOPMENT OF THE YOUTH PROGRAM

1. Factors leading to the development of youth centers

(a) *The delinquency scare.*—Youth centers were the first remedy that occurred to people to

meet increases in delinquency under war conditions—and the youngsters were ready!

(b) *The loss of skilled workers.*—Some agencies have the illusion that anybody can run a youth center. Actually, of course, it is a difficult job for a leader to handle a youth center, and one requiring skill and training.

(c) *The fear of losing clientele.*

(d) *Competition of commercial recreation.*—Offering something as similar to commercial recreation as they can is the method some agencies use to keep youngsters away from commercial recreation. It is a concession to the attraction of a commercial recreation; only the canteen bar serves "coke" instead of beer.

(e) *Increased community responsibility.*—War-time morale has definitely increased the awareness of many people that youth need a little more attention from the adult community.

(f) *Dislocation of family life.*—We realize that many families are broken up in their group living. The parents may still be happily married; individuals may happen to come together after the dishes are washed; but otherwise they lead separate lives. The need of youngsters for family life is not being met, and they are dropping out of the family group for their leisure-time pursuits.

2. Possibilities of the youth-center program

Evaluation of the youth center covers its possibilities as well as its limitations and dangers. Among its possibilities, some are:

(a) Youngsters who are too tired, or too antagonistic toward adults, or unready for more organized recreation, may be ready to accept a minimum of adult leadership in the hangout situation. For certain youngsters the hangout is an acceptable pattern of group recreation, because their taste is limited to the dancing-and-lounging situation, or because they are too suspicious of adult leadership.

(b) The hangout allows constructive loafing in an "acceptance-soaked" climate. This is a substitute for what some children may be missing in family life. Normal families don't have a program all the time; they may spend a lot of time just being together. This feeling of mutual acceptance in a happy family group is missing for many youngsters. In a limited way the hangout may be a substitute. The youngsters may not dance, but just come to sit in a place where people won't kick them out, where they are liked just as they are, and where they have an acceptance by adults.

(c) The need for dancing is a normal need of most youngsters and is better served in the youth center than in some unsupervised place. Some youngsters develop an extreme interest in jitter-

bugging. That may be very primitive, but fulfillment of a real need is always important.

(d) Youth centers give adults an opportunity to learn what adolescents are really like and to find out ways in which education-resistant youth can be helped.

(e) The youth hangout gives the agency a chance to introduce its other programs. If the hangout is on the sixth floor of the Y.W.C.A., the leader can tell the youngsters what is going on on the seventh floor, and some of them may be ready to go on to the seventh floor. They can join other programs if they want to. Even in situations where the hangout is not affiliated with the program of an existing agency something can be done to provide more organized activities for the youngsters who are ready for them.

(f) The youth center helps us realize where some other programs fail. It is surprising what attitudes we find sometimes in youngsters who we thought would be interested in an agency program.

We can learn a lot about what may be missing in leadership relationships and in organized programs.

3. Limitations and dangers of the hangout

Among the limitations and dangers of the hangout the following two were mentioned:

(a) This mass program fails to reach many of the youngsters who attend, some of whom may be ready for small-group affiliation. Perhaps 20 individuals out of 500 are reached by the leadership—what about the others? The failure of the youth centers to provide individualization of membership is an obvious disadvantage.

(b) The hangout program often lacks value. There may be a danger of developing addiction to it. In one community we watched some youngsters sitting from 8 to 12 o'clock every night. Youngsters who depend too much on this one type of activity—or inactivity—should be helped to develop broader interests.

BOOK NOTES

STANDARDS IN THE PLACEMENT OF CATHOLIC CHILDREN FOR ADOPTION. National Conference of Catholic Charities, Washington 4, 1944. 14 pp. 25 cents.

This brief report is planned to serve as a guide to those engaged in the placement of Catholic children for adoption.

In 1941 a questionnaire study of Catholic agencies was sponsored by the National Conference of Catholic Charities and the Conference of Religious to obtain information on adoption procedures, and wide variation in such procedures was revealed. A committee was appointed to study the matter further, and a preliminary report was submitted for criticism and suggestions to the various diocesan directors of charities, Catholic agency executives, and members of the executive committee of the National Conference of Catholic Charities. This final report presents minimum standards for adoption briefly under such headings as: Study of the child and his family; types of adoptive homes; preparation of child; the ideal Christian family; motives of adoptive parents.

The pamphlet contains a foreword by the Most Reverend C. H. LeBlond, Bishop of St. Joseph, Mo.

FACING THE FUTURE. Camp Fire Girls, 88 Lexington Avenue, New York 16, N. Y. 1944. 23 pp.

"Facing the Future" is the title of a packet of significant program material for the use of Horizon Clubs, as the senior Camp Fire Girls are called. The material gives suggestions for carrying on two group projects that give the girls an opportunity to make a positive contribution to community and national life.

Recognizing the need of handicapped persons for recreational services, the "junior therapy-aide project" is a way in which the girls of Horizon Clubs, under adult supervision, may give recreation-therapy service to physically handicapped persons—children and convalescent servicemen and servicewomen. The program material

discusses the training, supervision, and placement of Camp Fire Girls as hospital recreation aides. The material includes suggestions as to community resources to assist the young aides.

The program material on vocational exploration reviews job opportunities for women in commercial and professional fields, and lists sources of vocational information, such as books, pamphlets, and visual aids, as well as community resources such as employment and educational counselors and professional groups. Such a project as this can be meaningful as it relates to the broad social issues of women's employment and industrial relations and the role of girls and women in community and world vocations.

HANDBOOK FOR GUARDIANS OF CAMP FIRE GIRLS. Camp Fire Girls, 88 Lexington Avenue, New York 16, N. Y. Processed. 170 pp. 1944.

This handbook is a valuable aid in the leadership of groups of Camp Fire Girls because of its presentation of the philosophy of the organization and its description of program content. Principles of group leadership in relation to adult-youth relationships, methods of meeting the needs of girls of different age levels, and the development of creative program content are described.

A discussion of the characteristics of adolescent behavior and the significance of participation in club activities is included. Program content is illustrated by practical guides for use in carrying on such activities as music, dramatics, arts and crafts, and social recreation.

Projects that give girls an opportunity for satisfying experience in contributing to community and national life are suggested, such as the "Americana" and "Hi Neighbor" projects.

This material is appropriate for use of girl and adult leaders in planning a Camp Fire program that is focused on the interests of girls and is valuable to their home communities.

HEALTH OF MOTHERS AND CHILDREN

Dental Care for Every Child

Recommendations of Conference on Dental Care for Children,
February 22-23, 1945, to the Children's Bureau

Recognizing the great need for a Nation-wide program of dental services and education for children, and recognizing the desirability of associating dental service for children with all other health services for children and mothers in order that full benefits of programs for improving nutrition, controlling infections, and providing medical and surgical care may accrue to the children receiving the dental-health service, and in order that the organization of the maternal and child-health program, including the school health service and health-education program, may be utilized to the fullest extent, it is recommended:

1. That adequate Federal funds be made available to the Children's Bureau for grants to State health agencies to develop programs of dental services for children, including the training of personnel, dental-health education, and demonstrations.

2. That funds be made available to the Children's Bureau for research in problems relating to the dental health of children.

3. That adequate dental care be made available to all children regardless of income or geographic location.

4. That varied and coordinated methods of supplying service, such as through trailers, clinics, school health services, and the offices of practicing dentists, should be considered in planning a service applicable to the local situation.

5. That in a public dental-care program provision be made for sufficient professional supervision of service to insure maintenance of standards and quality, such supervision to be developed in accordance with the method of providing care.

6. That in a National dental-care program records of a standard type should be developed and used in order to permit comparative evaluation of findings and results

7. That when services cannot be supplied to all, children entering their first year in school each year be given priority, and that maintenance care be continued thereafter for these children from year to year.

8. That studies be undertaken to explore the use and training of auxiliary personnel.

9. That in order to insure quality of service and care, adequate remuneration be provided for personnel.

10. That provision be made for extension of training in dentistry for children, in professional schools, clinics, hospitals, and health centers.

11. That information be provided to dentists returning from service on the possibility of receiving training in dentistry for children under the "GI Bill of Rights."

12. That the Children's Bureau explore the possibility of harmonizing the periods of training provided under Federal funds with periods of training in the centers giving such training.

13. That appropriate measures be taken to integrate the services of physicians, nurses, public-health personnel, educators, and others in allied professions, directed toward the betterment of dental health for the child.

14. That funds be made available to permit the Children's Bureau to employ dental consultants to assist in the development and maintenance of the dental phase of its activities.

15. That the committee instruct Dr. Morrey to ask the legislative committee of the American Dental Association to assist the Children's Bureau in securing funds to implement the proposed dental program.

In attendance were Dr. Bert G. Anderson, Yale Medical School; Dr. Julian D. Boyd, Children's Hospital, State University of Iowa; Dr. Harvey J. Burkhardt, Eastman Dental Clinics, Rochester; Dr. Kenneth A. Easlick, University of Michigan School of Public Health; Dr. John T. Fulton, Connecticut State Department of Health; Dr. Harold C. Hodge, University of Rochester School of Medicine and Dentistry; Dr. Charles L. Hyser, New York City; Dr. A. LeRoy Johnson, Harvard School of Dental Medicine; Dr. Leon R. Kramer, Kansas State Board of Health; Dr. Howard M. Marjerison, Forsyth Dental Infirmary, Boston;

Dr. John Oppie McCall, Guggenheim Clinic, New York City; Dr. Lon W. Morrey, American Dental Association; Dr. Dean Roberts, Maryland State Department of Health; Dr. Frederick J. Stare, Harvard Medical School; Dr. Harry Strusser, Department of Health of New York City; Dr. Harold C. Stuart, School of Public Health, Harvard University; Dr. R. M. Walls, Bethlehem,

Pa.; Lt. Col. Wm. C. Webb, Jr., Children's Dental Clinics of the Philadelphia Mouth Hygiene Association; and, from the Federal agencies: Dr. H. Trendley Dean, Dr. John W. Knutson, and George St. J. Perrott of the U. S. Public Health Service; and Dr. Philip W. Woods, Farm Security Administration, U. S. Department of Agriculture.

Two Years of Emergency Maternity and Infant Care

Since March 18, 1943, when Congress made the first special appropriation for emergency maternity and infant care the wives and infants of three-quarters of a million servicemen have received care under this program, without cost to the man or to his family. Nearly \$70,000,000 has been spent on this care, which has included medical, hospital, and nursing care for the mother during pregnancy and childbirth and for 6 weeks after childbirth. Infants are eligible for care throughout the first year of life, and about 75,000 sick infants have been cared for during the 2 years of the program.

The first special appropriation, which extended over the period March 18 to June 30, 1943, was \$1,200,000. This appropriation, as well as each of those made since then for emergency maternity and infant care, was made by unanimous vote in both the House of Representatives and the Senate.

It is agreed by the Surgeons General of the Army and the Navy that the program is fulfilling its purpose of relieving anxiety among servicemen as to how the costs of maternity care for their wives and medical care for their infants will be met during their absence from home in the armed forces—when for a great majority, their family income has been lowered materially.

The emergency maternity and infant care program is administered by State health departments under policies established by the Children's Bureau, under title V, part 1, of the Social Security Act. The servicemen whose wives and infants are eligible for care are men in the four lowest pay grades of the Army, Navy, Coast Guard, and Marine Corps, and aviation cadets. The program will end 6 months after the end of the war, but care being given to any serviceman's wife or infant at that time will be completed.

Deaths of Infants From Smothering

New York Study Points Up Need for Education of Parents, Nurses, and Physicians

Public-health education to prevent deaths of infants from smothering, the leading cause of death from accidents in the first year of life, is urged by Dr. Harold Abramson in a report of a study of infants who died from this cause, published in the November 1944 *Journal of Pediatrics*.¹

Race, sex, and age of infants

The study included 139 infants less than 1 year of age who died in New York City during the 5-year period January 1939 to December 1943 from accidental mechanical suffocation.² Of these 119 were white, 19 Negro, and 1 Chinese. Most

of the families were of the lower-income groups. More than five-sixths of the infants were under 6 months of age when they died, and nearly three-fourths were 2 to 5 months of age. Nearly one-fourth had died in the third month of life. More than two-thirds were male. Thus, says the author, the universal phenomenon of excess mortality in the male sex holds true.

Conditions studied

Dr. Abramson studied the 139 infant deaths from smothering according to the season of the year when the accident took place, the approximate hour of the day, the place where the baby was when he was suffocated (crib, carriage, or mother's bed), the "suffocating agent," such as blankets or pillows, or mother's body, and, except for infants suffocated by the mother's body,

¹Abramson, Harold: Accidental Mechanical Suffocation in Infants. *Journal of Pediatrics*, vol. 25, pp. 404-413 (November 1944).

²This cause does not include choking by liquids or solids.

whether the baby was face up or face down when found dead.

Season of year

Most of the deaths from accidental smothering among these infants who died during the 5-year period studied took place during the late fall and winter months, November to January. It is not surprising, says the author, that the peak of fatalities from accidental smothering took place during these months, when more crib and carriage coverings are used to protect babies against the cold.

Hour of day

It is obvious that the exact hour when the child was smothered could not be known, but the approximate time at which each body was found was noted. Apparently the largest number of deaths took place between 6 a.m. and 9 a.m.

Where and how the infants were suffocated

Eighty-six of the infants (61 in cribs and 25 in carriages) were found dead with their faces downward, with the nose and mouth pressed against a soft pillow, or a mattress, or a mattress cover, many with the head covered also by a blanket or a pillow.

Only 22 of the infants were found in the face-up position; most of these had been smothered by pillows or blankets that covered their heads.

Nineteen infants (15 percent of those studied) were found smothered in the mother's bed; these had been taken into the bed for an early-morning feeding. Suffocation had taken place, says the author, when the infant's nose and mouth were covered by the sleeping mother's breast or arm.

Prevalence of smothering as cause of death in infancy

Calling attention to prevention of smothering as a neglected field of preventive medicine, Dr. Abramson points to the increasing number of infants that die from this cause and gives census figures to show that nearly twice as many infants under 1 year in the United States died from accidental mechanical suffocation in 1942 as in 1933. He notes also that smothering causes more deaths in infants than burns or any other accidental cause of death.

The lack of recognition of the extent of smothering as a cause of death among infants, says the author, may be due in part to the infrequency with which the practicing physician and the hospital are called upon to attend these cases. Such deaths are investigated by the police department and the office of the medical examiner or coroner, and stress is placed on determining whether violence is involved. The data from the inquest are treated as strictly confidential, he goes on to say, and the details responsible for the death are rarely reported in the medical literature.

Preventive measures

A few of the author's recommendations with regard to prevention of smothering, through proper care of the baby, concern use of clothing and bedclothing (crib and carriage) that leave the baby free to move unhampered; avoidance of pillows; having the baby sleep always on a flat mattress; careful arrangement of bedclothes to prevent loosening of pads, rubber sheets, and undersheets; and elimination of unnecessary articles such as decorative pillows and odd unattached blankets. In the carriage, says the author, the unnecessary decorative pillows and coverings acted as the main agents in smothering.

In view of the inability of many young infants to lift the head and chin with more than momentary control, it seems reasonable to recommend, Dr. Abramson continues, that the practice of placing a young infant in the face-down position should be avoided except during such times as he is carefully attended, and that the practice should be entirely done away with at night.

No practice should be more emphatically condemned, the author goes on, than that of placing the infant in his mother's bed otherwise unattended. Throughout feeding, he says, the infant should be held in the arms of the mother or nurse, who should be properly seated. Not only should the infant be carefully attended while being fed, but since many infants suffocate soon after feeding, he should not be left unguarded too soon after completion of a meal.

The increasing occurrence of deaths from smothering in infancy should be more widely publicized in both medical and lay periodicals, concludes the author. Vigorous efforts should be made by public-health agencies to disseminate information to parents, nurses, physicians, and others concerned with the care of infants regarding this hazard.

DEATH OF A GREAT PIONEER IN CHILD-HEALTH WORK,

S. JOSEPHINE BAKER, M.D.

The children of the United States have lost one of their best friends, and the Children's Bureau one of its most trusted advisers through the death on February 22, 1945, of Dr. S. Josephine Baker, great pioneer in public child-health work. Dr. Baker more than a quarter of a century ago organized and directed the first public bureau of child hygiene in the United States—a bureau of New York City's department of health. The work of this bureau in saving babies' lives set an example for the establishment of similar bureaus by many cities and by the States.

From the founding of the Children's Bureau until her death, Dr. Baker was active in assisting in its work, and for 16 years she was a consultant on the Bureau's staff. She was an effective advocate, before Congressional committees, of Federal aid to the States for maternal and infant-hygiene work. Her consultation services were especially valuable during the years from 1921 to 1929, when the Sheppard-Towner Maternity and Infancy Act was in operation. She was a member of the Bureau's Advisory Committee on Maternal and Child Health from 1936 until her death.

Dr. Baker was a member of three White House Conferences: On Child Welfare Standards, 1919; on Child Health and Protection, 1930; and on Children in a Democracy, 1940.

Dr. Baker was also a consultant of the United States Public Health Service and a member of the Health Committee of the League of Nations.

Children the country over are the losers by Dr. Baker's death. Few people have made the contribution that she did to child health; fewer still have had the courage to stand out for the interests of all children without discrimination as she did. The Children's Bureau has suffered an irreparable loss in her death. She was Grace Abbott's trusted adviser and co-worker when the Maternity and Infancy Act was in operation. She has been the constant adviser of the Bureau since then in many ways, but especially in the program for maternal and child health under the Social Security Act.

Selected Quotations from the Writings of S. Josephine Baker, M.D.

The following selections are quoted from two of Dr. Baker's books:

How to reach the newborn babies without any waste effort was a problem. But it was not too difficult to solve. The registrar of records in the health department was cooperative and used to send me each day the name and address on the birth certificate of every baby whose birth had been reported on the previous day. It was essential to reach these babies while they were still very young and this proved to be the ideal way to find them; it is still the ideal way. Within a few hours, a graduate nurse, thoroughly instructed in the way to keep a well baby well, visited the address to get acquainted with the mother and her baby and go into the last fine detail of just how that baby should be cared for. Nothing revolutionary; just insistence on breast-feeding, efficient ventilation, frequent bathing, the right kind of thin summer clothes, out-of-door airing in the little strip of park around the corner—all of it commonplace enough for the modern baby, but all of it [in 1908] completely new in public health.—*Fighting for Life*, p. 85. By permission of Macmillan Co., publishers, New York, 1939.

One set of facts made me stop, look, and listen. Of all the people who died in New York City every year, a third were children under 5 years of age and a fifth were babies less than a year old. It was the babies and small children who never really had a chance to live, who swelled the death rate to fantastically macabre proportions. Interesting figures beyond any doubt; perhaps they impressed me so particularly because they were not just cold statistics to me at all. I had served my time

in that long, hot summer in Hell's Kitchen when I walked up and down tenement stairs to find in every house a wailing skeleton of a baby, doomed by ignorance and neglect to die needlessly. I had interviewed mother after mother too ignorant to know that precautions could be taken and too discouraged to bother taking them even when you tried to teach her. If mothers could be taught what to do, most of these squalid tragedies need never happen. The way to keep people from dying from disease, it struck me suddenly, was to keep them from falling ill. Healthy people didn't die. That sounds like a completely absurd and witless remark, but at that time [1908] it really was a startling idea.—*Fighting for Life*, p. 83. By permission of Macmillan Co., publishers, New York, 1939.

I became and still am a firm believer in mothering for babies; old-fashioned, sentimental mothering. It should not be carried to excess and it should not be continued too long, but there is little doubt in my mind that many a baby has died for lack of it. He may still be unable to talk, walk, or do anything but feed and cry and kick, but he nevertheless needs that sense of being at home in a new world which only fond personal attention from his mother or the psychological equivalent can give him. He needs it even more than he needs butterfat and fresh air and clean diapers. Modern medicine learned a good while ago to give him material things in greater quantity than ever before. But that he also needs the personal equation to give him a reason for living is the only answer I could ever find in that experience with the doomed foundlings. *Fighting for Life*, p. 121. By permission of Macmillan Co., publishers, New York, 1939.

Child hygiene or public-health work for children differs in an essential particular from every other public-health effort. Children constitute an *age group*. Child hygiene concerns itself with everything that affects the health of the child, from the beginning of the prenatal period to the end of adolescence. Its success depends upon the recognition that everything that concerns life in any way concerns the child more definitely than it does the adult. Other types of public-health work generally deal with a function or a special condition. Thus our public-health departments have bureaus or divisions that are concerned with the control of communicable diseases, the supervision of the production and distribution of foods and drugs, the sanitation and hygiene of the community, bacteriology, research, vital statistics, and the hygiene of industry. Each of these details with the specified object. Child hygiene deals with all of them as they affect the health of the child.—*Child Hygiene*, p. x. By permission of Harper & Brothers, publishers. New York, 1925.

The credit for the extension of child hygiene in the United States cannot be assigned to any individual or to any one organization. The present improved conditions surrounding child life in this country are the result of extended public-health education, organized effort through public and private health agencies—National, State, and local—co-operative effort of all health organizations of whatever type and status, the intelligent interest and cooperation of public-spirited citizens, public officials, physicians, nurses, social workers, teachers, dentists, and all others who are interested in and who have contributed toward the welfare of children. If any definite acknowledgment may be made of the efforts of any group of workers, in our achievement of improved health for the children of our country, it should be given to those devoted, tireless, efficient "soldiers of the first line of defense," the rank and file of public-health doctors and public-health nurses.—*Child Hygiene*, p. xi. By permission of Harper & Brothers, publishers. New York, 1925.

INTER-AMERICAN COOPERATION

Dental Care in Two South American Countries

COLOMBIA

A decree issued in February 1944 by the Minister of Labor, Health, and Social Welfare of Colombia provides for free dental services. These services are available to expectant mothers attending public prenatal clinics and to children from low-income families, whether of preschool or school age and whether living at home or in an institution.

It is emphasized in the decree that the services are to include not only extraction (of teeth that cannot be saved), but also cleaning of the teeth, relief of pain, filling of cavities, and treatment of nerves and soft tissues. Deciduous teeth are to be given the same attention as permanent teeth.

The work will be done by full-time or part-time dentists on the staff of public-health centers in the cities. From time to time these dentists will go to the rural schools to treat the children there.

Talks on dental hygiene, with special attention to the diet of expectant mothers, are to be given regularly for children, teachers, and parents.

Monthly reports are to be made to a supervising dentist.

Diario Oficial, Bogota, April 18, 1944.

ARGENTINA

A decree requiring dental care for children in kindergartens and in primary and secondary schools was issued in August 1944 by the President of Argentina on the recommendation of the National Bureau of Public Health and Social Welfare.

According to this decree, children must be given a dental inspection at the time of entering school and periodically thereafter. If a child needs treatment, this is reported to the parents, and they are required to provide it at their own expense and within a specified time limit, except that in case of poverty treatment is to be given free at a public clinic.

Fines are prescribed for school officials and parents who fail to comply with the decree.

The Federal authorities in the Provinces have been instructed to take the necessary measures for putting the decree into effect.

The National Bureau of Public Health and Social Welfare is entrusted with the administration of the decree, which was to go into effect as of July 1, 1944.

La Tribuna Odontológica, Buenos Aires, October 1944.

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We Must Look at Our
Civilization Through
the Eyes of Children

—*Franklin Delano Roosevelt*

UNITED STATES
DEPARTMENT OF LABOR
CHILDREN'S BUREAU



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1945 STATE AND LOCAL GO-TO-SCHOOL DRIVES

Now, before summer vacations begin, is none too soon to plan for 1945 Go-to-School drives.

The success of last year's national drive can be judged to some extent by the fact that the wartime decline in high-school enrollments, which had been going on for 3 years, slowed down so much that the drop in the fall of 1944 was almost negligible.

In spite of the encouraging results of the 1944 drive, the attraction of jobs and wages is still a threat to high-school completion for hundreds of thousands of boys and girls. High school enrollment is still a million below what it was in 1940. There are 3 million boys and girls 14 through 17 years of age at work full time or part time during this school year, and an additional 2 million are likely to go to work during the summer vacation period.

At the present time we cannot foresee just how war developments will affect the manpower situation in August and September, but there will undoubtedly be a need to persuade youngsters in vacation jobs to return to school, just as there was in 1944. In some communities consultation with area or local representatives of the War Manpower Commission will bring out the fact that reduced demands for labor will make it desirable, and indeed urgent, to address the campaign also to young people who have already dropped out of school for regular jobs. At any rate, if a successful drive is to be

carried out in July and August, it will be desirable for State and local groups to start laying their plans early for the work to be done during the summer in conducting the campaign.

Although the Children's Bureau and the United States Office of Education stand ready to help States and communities in their efforts to persuade young people to return to school, the responsibility for the effectiveness of the drives this year will rest largely upon the State and local groups.

Last year suggestions for community Go-to-School drives were directed mainly to adults. A new note suggested for 1945 Go-to-School drives is to call upon young people themselves to work together to help get the message across to other boys and girls. This year it is hoped that adult leaders of Go-to-School drives will put special emphasis on encouraging young people to take even greater initiative in such campaigns and to form their own Go-to-School committees as part of the total community effort. The young people would, of course, want advice and general help by community leaders.

The National Go-to-School Drive Handbook for Communities issued in 1944 by the Children's Bureau and the Office of Education gives many facts and helpful suggestions. Single copies are available on request from the Children's Bureau.

Publication of THE CHILD, Monthly Bulletin, with SOCIAL STATISTICS supplements from time to time, was authorized by the Bureau of the Budget, May 12, 1936, under Rule 42 of the Joint Committee on Printing, to meet the needs of agencies working with or for children for a regular channel of information on current developments, activities, policies, and programs for maintaining the health of mothers and children, providing child-welfare services, and safeguarding the employment of youth. Address THE CHILD, Children's Bureau, U. S. Department of Labor, Washington 25, D. C. The Children's Bureau does not necessarily assume responsibility for the statements or opinions of contributors not connected with the Bureau. THE CHILD is for sale by the Superintendent of Documents, Government Printing Office, Washington 25, D. C., at 50 cents a year; foreign postage, 25 cents additional; single copies, 5 cents.

UNITED STATES
DEPARTMENT OF LABOR

FRANCES PERKINS, *Secretary*

CHILDREN'S BUREAU
KATHARINE F. LENROOT, *Chief*

Franklin Delano Roosevelt

January 30, 1882–April 12, 1945

President Roosevelt gave his life that the future might be secure for our children and our children's children. All that he accomplished in laying the foundations for a world which shall be free from fear and want affords a basis for the welfare of children. It is for us to carry forward with high hearts and great faith the work begun under his leadership.

Even in the midst of depression and of war President Roosevelt found time for many specific services in behalf of the Nation's children and youth. The photographs of the school children and the young poliomyelitis patients of Warm Springs, saying their last farewell to their great friend, typify the special bonds that have existed between the President and all children. To all who suffered from physical handicap, young and old, he set an example of the triumph of a courageous spirit.

The record of some of the principal measures affecting children developed under President Roosevelt's leadership, and excerpts from letters and speeches, tell more eloquently than any words that could be written about him how he cherished the youngest in our land and in all the world.

In his address to the 1940 White House Conference on Children in a Democracy, President Roosevelt said:

"I go back to my days in college when I worked for an organization called 'The Social Service Committee.' After that my wife came into the picture and, when we were engaged, I discovered that she was teaching classes of children on the East Side in New York. . . . I, wanting to do something in addition to trying to learn a little law, went in with an organization which has long since ceased to exist because it was absorbed by greater organizations, the New York Milk Committee, and I worked 2 or 3 years in trying to help in placing milk stations for babies on the East Side and West Side and up in the Bronx in New York City."¹

One of the concerns of the President in his first days in office, in that dark period of 1933, was for the young people who were without work. The

Civilian Conservation Corps, and later the National Youth Administration, were major parts of his program for combating unemployment.

The other side of the picture, the prevention of employment at too early an age, also occupied his attention.

"One of the accomplishments under the National Recovery Act which has given me the greatest gratification is the outlawing of child labor," the President wrote to Courtenay Dinwiddie of the National Child Labor Committee. He added, in urging ratification of the Child Labor Amendment:

"It shows how simply a long-desired reform, which no individual or State could accomplish alone, may be brought about when people work together. It is my desire that the advances attained through N.R.A. be made permanent."

This was accomplished, so far as establishments shipping goods in interstate commerce were concerned, in the child-labor provisions of the Fair Labor Standards Act of 1938.

When Social Security measures were first under consideration in 1934 the President directed the Committee on Economic Security to give special attention to security for children. When Congress was considering the children's provisions of the Social Security Act, title IV (Aid to Dependent Children) and title V (Maternal and Child Welfare), the Senate committee report stated that "the heart of any program for social security must be the child." Under the act every State has developed maternal and child-welfare services, which should now be expanded with the aid of additional Federal grants, so as to make all needed services available to children in every community of the land.

The President was also interested in the Emergency Maternity and Infant-Care program for the wives and infants of service men.

Each year, by authority of law, the President issued a proclamation designating May Day as Child Health Day. The last proclamation he signed was the 1945 Child Health Day Proclamation.

¹U. S. Department of Labor, Children's Bureau: Proceedings of the White House Conference on Children in a Democracy, pp 69-70. Bureau Pub. No. 266, Washington, 1940.

His birthday was dedicated to raising money for the victims of poliomyelitis. The President sponsored the 1940 White House Conference on Children in a Democracy, and addressed the initial session in 1939, and the final session in 1940, at the White House. In the latter address he said:

"All Americans want this country to be a place where children can live in safety and grow in understanding of the part they are going to play in the future of our American Nation. . . . If anywhere in the country any child lacks opportunity for home life, for health protection, for education, for moral or spiritual development, the strength of the Nation and its ability to cherish and advance the principles of democracy are thereby weakened."²

Excerpts from the address to the initial session, April 26, 1939, follow:

"It is, perhaps, because I happened to be born with what may be called a 'relative mind' and because I have sought to cultivate that kind of thinking for nearly half a century that I think of this conference in the first instance in terms of the past.

"Child welfare—to use a much misused term—did not enter into the public conscience of any nation until about 100 years ago. And we know from reading Dickens and the literature of his period that the well-being of children in those early days was principally considered from the viewpoint of schooling and of crime prevention and the ending of physical cruelty—all interwoven with the sentimentality of the good, the ultra-good, Victorians.

"As time went on some interest came to be taken in every nation, but still the activities of those who sought the bettering of the younger generation of the moment viewed the problem before them as a problem somewhat apart from the relationship of the younger generation to the broader public weal.

"Even at the time of the first children's conference to assemble in the White House under the leadership of President Theodore Roosevelt in 1909, the conditions that surrounded child life were discussed more in terms of child life than in terms of the national community.

"This was true to a very great extent in the two succeeding White House Conferences, and it occurs to me that this, the fourth conference, marks a new and somewhat changed era.

"It is still our task to bring to bear upon the major problems of child life all the wisdom and understanding that can be distilled from compilations of facts, from the intuitions of common sense, and from professional skill. This conference, like the others, is composed of men and women having a broad range of experience and interest in matters pertaining to the welfare of children. It is our purpose to review the objectives and methods

affecting the safety, well-being, and happiness of the younger generation and their preparation for the responsibilities of citizenship.

"But we have gone one step further. Definitely we are here with a principal objective of considering the relationship between a successful democracy and the children who form an integral part of that democracy. We no longer set them apart from democracy as if they were a segregated group. They are at one with democracy because they are dependent upon a democracy and democracy is dependent on them."

"In an address on Pan American Day, 2 weeks ago, I said, 'Men are not prisoners of fate, but only prisoners of their own minds. They have within themselves the power to become free at any moment.' On April 15, in addressing the heads of two great States, I stated that I refused to believe that the world is, of necessity, a prisoner of destiny. 'On the contrary,' I said, 'it is clear that the leaders of great nations have it in their power to liberate their people from the disaster that impends. It is equally clear that in their own minds and in their own hearts the peoples themselves desire that their fears be ended.'

"In providing for the health and education of children, for the formation of their minds and characters in ways which are in harmony with the institutions of a free society, democracy is training its future leaders. The safety of a democracy therefore depends upon the widespread diffusion of opportunities for developing those qualities of mind and character which are essential to leadership in our modern age. Further, democracy is concerned not only with preparation for leadership, but also with preparation for the discharge of the duties of citizenship in the determination of general policies and the selection of those persons who are to be entrusted with special duties. Beyond this, democracy must inculcate in its children capacities for living and assure opportunities for the fulfillment of those capacities. The success of democratic institutions is measured, not by extent of territory, financial power, machines or armaments, but by the desires, the hopes, and the deep-lying satisfactions of the individual men, women, and children who make up its citizenship.

"We shall be concerned with ways in which the broad chasm between knowing and doing may be bridged over. We shall be reminding ourselves that all the lectures on nutrition will avail nothing unless there is food for a child to eat; that a law for compulsory school attendance is one thing and a chance to go to school is another. Prenatal instruction cannot assure healthy babies unless the mother has access to good medical and nursing care when the time for the baby's arrival is at hand. We know how to budget a family's expenditures. We have undertaken to preserve home life for fatherless or motherless children through the joint effort of the Federal Government and the States. We have made great progress in

²Ibid., p. 70.

the application of money and service to the promotion of maternal and child health; the restoration of crippled children to normal physical condition; the protection of neglected children and children in danger of becoming delinquent, especially in rural areas; and the elimination of child labor from industries shipping goods in interstate commerce.

"Yet after all has been said only a beginning has been made in affording security to children. In many parts of the country we have not provided enough to meet the minimum needs of dependent children for food, shelter, and clothing, and the Federal Government's contribution toward their care is less generous than its contribution to the care of the aged.

"It is not enough, however, to consider what a democratic society must provide. We must look at our civilization through the eyes of children. If we can state in simple language some of the basic necessities of childhood, we shall see more clearly the issues which

challenge our intelligence.

"We must make the assumption that a happy child should live in a home where he will find warmth and food and affection; that his parents will take care of him should he fall ill; that at school he will find the teacher and tools needed for an education; that when he grows up there will be a job for him and that he will some day establish his own home."

"This conference and the activities which it initiates furnish an opportunity for us to test ourselves and our institutions by the extent to which they serve our children. I look to you for comprehensive review of the problems before us, and suggestions as to practical ways in which we may advance toward our goal."³

³U. S. Department of Labor, Children's Bureau: Conference on Children in a Democracy; papers and discussions at the initial session, pp. 2-5. Bureau Pub. 265. Washington, 1940.

Death of William J. Ellis

The Children's Bureau and the cause of public welfare lost a good friend in the death on March 11 of William John Ellis, Commissioner of the New Jersey State Department of Institutions and Agencies. Since 1919, he had been giving leadership, not only in his own State but wherever his counsel and guidance were needed in the development of State services to the physically, mentally, and socially handicapped. His concern for the needs of all citizens and his interest in the establishment of services to meet those needs has been an inspiration to his friends and his associates. The Children's Bureau knew Commissioner Ellis

not only in his capacity as State Commissioner and consequently, as the director of a great program for the care and protection of children, but in other areas of social service. He served as chairman of the committee on physically and mentally handicapped of the 1930 White House Conference on Child Health and Protection and was a member of the 1940 White House Conference on Children in a Democracy. He was the first president of the American Public Welfare Association and served as president of the American Prison Association. As a friend and as a leader, Commissioner Ellis will be sorely missed.

BOOK NOTE

FINDINGS OF THE CONFERENCE ON "DEMobilIZATION CHALLENGES THE CHURCH." Southern Regional Council, 63 Auburn Avenue NE, Atlanta 3, Ga., 1944. Mimeographed. 15 pp.

With the aim of minimizing in their communities the economic, social, and religious disorganization that usually accompanies the end of wartime activities, a conference of community leaders from four Southern States, Georgia, North Carolina, South Carolina, and Tennessee, met to study the facts upon which a program of action can be built, and their findings are presented in this report.

The findings, which stress the obligation of the church to join with other community agencies in preventing and alleviating the tensions arising from demobilization, are presented under four heads: (1) The church and its

ministry to the family, (2) full employment, (3) group cooperation and democracy, and (4) children and youth in the transition period.

The basic cause of tension between the white and Negro races, the findings say, is the opinion of many white Americans that the Negro must permanently occupy an inferior role. But as science, democracy, and Christianity are now clear in their teachings of the fundamental equality of all mankind, the report goes on to say, the Negro is impelled to strive for full status in American life.

With regard to children and youth in the transition period, the report mentions, among other problems, the inevitable idleness and disorientation of those who have left school to work and who after the war will be both out of employment and out of school.

HEALTH OF MOTHERS AND CHILDREN

Maternity-Leave Clauses in Union Contracts

By JENNIE MOHR

Industrial Economist, U. S. Women's Bureau

The urgent need for employment of women during the war period has given new emphasis to a number of old problems. Because of the increased number of women workers and because of the difficulties of wartime living, many women are facing now for the first time a dilemma which thousands of women workers have been facing for years: the necessity for carrying both a full-time job and the responsibility of a home and children. Even before the war, nearly 10 percent of the women in the labor force had children under 10 years of age, and about 1 in 20 women had children under 5.¹ Between 1940 and 1944, the employment of married women increased 75 percent;² and the problem is inevitably intensified as more married women come into the labor force.

Of all the questions raised by this situation, none is of greater seriousness than the relation between job and maternity. Not only must women manage the care of their children, whether they are on or off the job; they must also be able to reconcile their work outside the home with the demands of childbearing. Most women work because they need to work, and it cannot be assumed that because they have children they will just stay at home. Pregnancy of itself is not an industrial problem; but the employment of pregnant women is. So long as women do fulfill this dual function, the need for proper adjustment must be recognized. Women who work should not be penalized for having children.

There are two aspects to this problem. One is the actual employment of women during a part of the period of pregnancy. The other is the maintenance of their job security in the period of childbirth when they cannot work. It is becoming generally recognized that a wise maternity policy is necessary in industry, to make sure that women will not be employed on work that is harmful to them during pregnancy, and, at the same time to

enable them to work safely and effectively. Standards for such employment of women have been developed by the Children's Bureau and the Women's Bureau of the United States Department of Labor, and are in use in many industrial plants. Although these standards are still far from being universally established, employers and workers alike are increasingly aware of the part that good placement, safety, and health programs play in the satisfactory employment of women during such periods.

But in addition to this very essential consideration of on-the-job protection, is the equally essential consideration of job security for the woman who has to be absent during a protracted period because of maternity. Children create an additional need for employment, since economic demands increase as a family grows. It is therefore important that a woman preserve her opportunity to work. She must be assured that she can come back to her job after the birth of her child, as well as being allowed to continue working while she is able to perform her tasks before the birth without fear of dismissal when her condition becomes known.

In many instances no attempt is made to offer such job security. Women are either discharged as soon as pregnancy becomes known, or are allowed to continue for a specified period and then discharged. What happens to them when they are ready to return to work depends on what opportunities are open at the time. There are, on the other hand, employers who recognize an obligation to assist these women to get back to their jobs. But this obligation is often expressed as a willingness to consider rehiring them, and not by granting them a leave of absence. The chances for such rehiring are of course less certain than the return to a job which is considered theirs by right.

Because of this uncertainty, it is obvious that some means of protection are necessary. Where collective bargaining has been developed, this protection is to be achieved most logically in a union contract. The contract, a statement of mutual rights and responsibilities of employers and work-

¹ Bureau of the Census: Population; Family Characteristics of Women in the Labor Reserve in the United States, table 2. Series P-18, No. 13. Washington, April 2, 1943.

² Women's Bureau, U. S. Department of Labor: Changes in Women's Employment During the War, by Mary Elizabeth Fidgeon, p. 17. Special Bulletin No. 20. Washington, June 1944.

ers, covers questions of seniority and leave of absence, the two factors that can preserve the job security that might otherwise be lost because of maternity.

Many union contracts specify leave of absence for sickness, or for other valid personal reasons. Such leave is in a good many instances taken to include maternity. But in plants where there is no established policy for making some adjustments to the requirements of working women during pregnancy, this interpretation of sick leave may not be acceptable. For this reason, it is now the policy of some of the largest international unions to incorporate clauses specifically covering maternity leave in all new contract proposals. These clauses vary in the extent and character of the protection they offer and in the obligations to be assumed by the worker.

Among the features found in a number of maternity-leave clauses are the following:

Length of leave

Frequently the length of leave a woman may be away under maternity leave is specified. This may include a given period before birth and a period after. Usually when the length of time allowed on leave between childbirth and return to work is given, an extension is permitted if the woman needs more time. Such extension may be for as much as a year, and generally is granted only on the basis of individual requests.

Occasionally the employee is not only permitted, but required, to take maternity leave for a given period of time. This requirement, and other features of clauses specifying length of leave, are shown in the following examples:

Any female employee in a pregnant condition must take a leave of absence 6 months before the expected delivery date. Any employee found to have violated this rule will be subject to immediate discharge.

Female employees on pregnancy leave of absence will not be permitted to return to work until 4 months after birth of baby and then only with doctor's written consent.

A female employee may be granted leave of absence upon presentation of a certificate from her physician denoting pregnancy. Where the employee is qualified, she is subject to reinstatement on her job or other preferred work in accordance with her seniority 3 months after date of confinement upon presentation of doctor's certificate denoting physical fitness and date of child's birth. She must apply for such reinstatement within 4 months after confinement to retain her service or secure doctor's approval for extension of time.

After 4 months of pregnancy a female employee must apply for and be granted a leave of absence based on medical certification. Within a 4-month period after childbirth she shall report to the personnel department with the doctor's certificate stating date of the child's birth and declaring her physical fitness for work. She shall be given the first vacancy on the same job or another job for which she is qualified. If she accepts a job other than the one she left she shall be permitted to return to

her original job at the first vacancy. After reinstatement she shall qualify under the seniority rules and provisions of this agreement.

Seniority

During maternity leave, as during absences for other reasons, seniority may or may not accumulate. In some contract clauses, it accrues during all or part of the period, depending on how long the worker is away. In others, it is kept as of the beginning of the absence. In still others, no mention is made of seniority, or it is mentioned without indication of whether or not it accumulates.

Thus, one contract says: "Female employees who are obliged to leave their employment temporarily because of confinement, shall be permitted a sick leave and will not lose prior service."

Another merely specifies that "Any female employee who becomes pregnant shall be allowed a leave of absence not to exceed 12 months."

A third, after specifying length of leave, adds that "Seniority is to accumulate during the first 6 months of such absence."

Seniority is also accumulated for part of maternity leave under the following clause:

Women who have left because of pregnancy shall be continued on the active rolls and shall accumulate service for a period of 3 months, and thereafter shall retain their seniority rating for a period of 12 additional months. Such employees shall be entitled to return to their jobs on the basis of their seniority rating during this 12-month period.

It is interesting to note that although this particular contract preserves seniority for 15 months, with accrual for the first 3, it is less advantageous than the parallel provision in the same contract for other nonindustrial illnesses. For the latter circumstances, there is added the following provision:

Except in cases of pregnancy, they shall, after the expiration of the 12-month period upon application for reemployment immediately following recovery, receive consideration in the order of their former service credit for any available jobs for which they are qualified and approved by the medical department. When reemployment occurs under these conditions, seniority rights shall immediately be restored in accordance with former service credit.

This addition secures for workers other than those bearing children an opportunity for reemployment and renewal of seniority status even beyond the 15-month period.

Physician's certificate

As some of the above examples show, the need for maternity leave is verified by a physician. For the granting of leave, extension of period, and return to work, certification by the physician is required in many contracts. This provision protects the worker against work that might be harmful, assures her of return when she is physi-

ally fit, and protects the plant against employment of someone who is not able to perform her duties.

Length of service

A union contract may require that a woman be employed for a certain length of time before she is entitled to maternity leave. This provision is less common than those mentioned above. An example is the following:

Women with 1 or more years' service-credit who are required to cease working because of pregnancy will be carried on sick list 8 weeks, and thereafter on a special medical leave-of-absence basis until not later than 3 months after childbirth. . . . Women with less than 1 year's service-credit at the time of ceasing work due to pregnancy shall be dropped from the rolls of the company after 8 weeks of absence.

Such provisions as are illustrated above are an important first step in recognizing the need to deal with the question of maternity leave. They are incomplete in many instances. They vary considerably in the conditions they establish. The question of suitability of occupation is not mentioned; though it may often happen that a woman can go back to a light job sooner after childbirth than she can go back to a heavy job.

Standards for union contract provisions affecting women have been developed by the Women's Bureau in conference with women representatives from union organizations.³ Recommendations pertaining to maternity leave include the following points:

No woman shall be dismissed because of pregnancy; but if her work is difficult or dangerous because of her condition, she shall be transferred on written advice of her physician to more suitable work.

Maternity leave shall be granted of not less than 6 weeks before and 2 months after delivery; on request, leave is to be extended up to 1 year; seniority shall accumulate for the first 3½ months and then be retained until the expiration of the year; and all unused sick and vacation allowance shall be charged to maternity leave and paid at the beginning of leave.

Return to work at her former job, and on current rates of pay, is assured; or, if this job is unavailable or unsuitable, she shall be given another of equivalent value, which she is willing to take, and for which she is qualified.

Attention should be called also to the recommendations made by the International Executive Board of the United Automobile, Aircraft, Agricultural Implement Workers of America (United Automobile Workers-Congress of Industrial Organizations) for maternity clauses to be included in all U.A.W. contracts. Subject to approval of her physician a woman may, according to these suggested provisions, work until 2 months before the expected date of delivery. If before this time interruptions in work are necessary (also on ad-

vice of her physician) leaves of absence are to be granted, with accumulation of seniority during such periods. Her return to work after delivery is to be allowed on presentation of a medical certificate stating that she is able to work, and assignment to a job made in accordance with the recommendation of her physician. For extension of leave of absence beyond 2 months after delivery, certificates from her physician may be required at monthly intervals.

Such recommendations are of significance as indicating standards which the union can establish in protecting both the job and the health of the woman worker who has children.

Women differ widely in their personal capacities and needs. No general rule or statement can be expressed for dealing with the problem of working during pregnancy. For this reason, each worker must rely on the opinion and advice of her physician in determining how much she can do of what kind of work and for how long. The time at which maternity leave commences and how long it continues is thus to a considerable extent an individual matter. To meet adequately the needs of the workers, therefore, requirements covering periods of leave in union contracts should permit modification based on medical opinion of what an individual woman can and should do. Such modifications are frequently specified, as some of the examples given above indicate.

Unions with maternity-leave clauses in their contracts are still very much in the minority. A study recently made by the Women's Bureau, covering war-industry unions in the Midwest, shows that only 5 of 92 contracts had such provisions. More than two-thirds of the contracts had leave-of-absence clauses. Although it is often assumed that maternity comes under these clauses, there is no assurance that it always does. For this reason a specific statement relating to maternity leave should be a part of every contract that covers any considerable group of women workers.

Job security guaranteed by contract clauses on maternity leave is, however, only half the answer. The cost of living keeps on regardless of whether or not the worker is at work. And except in a very few cases, maternity leave is leave without pay. Thus the worker has the added problem of need for an income during the period of incapacitation.

The use of health-insurance plans to furnish economic aid during periods of incapacity has been growing among industrial workers. At the present time many such plans are in operation in industrial plants. These health-benefit plans are in some instances operated by the employer; in others, they are joint employer-employee ventures; and in still others they are run by the

³ See leaflet entitled, "Suggested Standards for Union Contract Provisions Affecting Women" (U. S. Department of Labor, Women's Bureau, Washington, March 1944, 4 pp.).

employees. In addition, some unions have established health-service plans for their members. These plans usually provide certain medical and hospital care, and some of them also give a cash benefit for a period of weeks. In some instances maternity is specifically excluded from the coverage of the plan; in others it is specifically included. In a large number of plans maternity is not mentioned and it may be assumed to be covered. The most frequent provision for cash benefits is for a 13-week period; but for maternity benefits this is reduced in most instances to 6 weeks. The amount of money paid each week varies according to the plan and the wages of the worker.

Although the use of such industrial group-health plans is increasing, and hundreds of thousands of workers are now under their provisions, the question of financial security for the working mother during periods of unemployability through childbearing has scarcely been touched. The benefits, when they do cover maternity, are small and of short duration; many women cannot take advantage of them; and they are almost never augmented by a continuation of wages during maternity leave.

A limited supply of reprints of this article will be available from the Children's Bureau, Washington 25, D. C.

Food During Labor and the Puerperal State¹

Many women in rural areas have their babies in maternity homes or small hospitals. The food service in these small institutions is likely to be in charge of a person who has not had special training in dietetics and who has many responsibilities in connection with caring for the maternity patients. Workers in State health agencies that visit these hospitals have brought back word of the need for some simple statement on food for women during labor and the puerperal state. The suggestions that follow apply to normal conditions only. They are intended to assist the person responsible for carrying out the general directions of the attending physician in a maternity home or a small hospital and they may also be useful after home delivery or after a mother's early return from the hospital.

During labor.—Taking food in the early part of the first stage of labor helps to keep up the patient's strength. This is especially important in the case of prolonged labor.

Only liquid foods should be given during active labor, and foods with definite nutritive value should be chosen in preference to broths or tea and coffee. Carbohydrates are usually well toler-

The question of financial security for the working woman during periods of childbearing is clearly one of wide social import, and should be attacked from a broad social point of view. The problem of security of return to the job lends itself to more immediate action on the part of the worker's organization. Job security through maternity leave is a responsibility that lies directly with the unions. It is also an opportunity for the unions to increase the stability of their own membership by increasing the stability of the women workers on their jobs. In order to avoid misinterpretation or neglect, contracts should specifically mention maternity leave and should stipulate that the seniority rights of the woman worker are preserved during this period. Without this assurance that she has not lost her job the worker is faced with all the hazards of unemployment. It is highly unrealistic to ignore the dual responsibility of women, which is integrated into our economic and social structure. It must be recognized and planned for and cannot be looked upon only as the private problem of individual women. It affects both the working life of those involved and the social life of the Nation.

ated but very sweet foods should not be given. Light corn sirup can be used to add energy value to fruit beverages without making them excessively sweet. For other foods consult the list of starred items in the suggested liquid diets on page 170. The preferences of the patient should be considered in deciding what kind of nourishment to offer her during the early hours of labor. Water should be offered at frequent intervals.

After delivery.—In order that the patient may regain her strength as quickly as possible it is important that she have enough of the right kinds of food during the days immediately following delivery. If the patient is not suffering from nausea, she may be offered some beverage such as tea or coffee shortly after the baby has been born. During the first 24 hours after delivery she will probably want only liquids. However, if she desires more food and there are no medical contraindications, she may be given a more substantial meal. On the second day, a patient who is getting along nicely may have a full diet—that is, any of the foods that are suitable for a patient confined to bed—unless the physician prescribes soft diet for a day or two.

The nursing mother needs liberal quantities of protein, calcium, thiamine, riboflavin, and vitamin

¹Prepared by the Nutrition Unit of the U. S. Children's Bureau, with the cooperation of the Bureau's Obstetric Consultant.

C; consequently, during the puerperium special attention should be given to including in her diet foods rich in these nutrients.

The following lists of foods and plans for sample meals—liquid, soft, and full diets—patterned after those given in hospital dietary manuals represent present-day practices. They are suggestive only and are intended to serve as a guide in meeting individual food needs as recommended by the attending physician.

LIQUID DIET

The physician may have either of two things in mind when he specifies a "liquid diet." He may wish the patient to have a *restricted* liquid diet, which excludes not only foods that are in solid form at the time they are eaten but also milk and its products, which form solids in the stomach. Or he may have in mind a *liberal* liquid diet, which includes milk and milk products and such semisolid foods as thin gruels and custards as well as beverages and clear broths. (In the list below, each food that belongs in a *restricted* liquid diet is marked with a star.)

- *Tomato juice, strained.
- *Fruit juice, strained; often sweetened.
- *Lemonade or orangeade.
- *Ginger ale.
- *Tea, sweetened if desired but without milk or cream.
- *Coffee, sweetened if desired but without milk or cream.
- *Broth and clear, strained soup.
- Milk.
- Cream.
- Milk shake.
- Eggnog (milk-and-egg shake).
- Cocoa.
- Custard.
- Rennet custard.
- Ice cream or sherbet.
- Gelatin dessert, clear or whipped.
- Cereal gruel.

A Meal Plan for a Day on a Liquid Diet

<i>Breakfast</i>	Citrus-fruit juice. Cereal gruel with milk, and sugar if desired. Milk or coffee.
<i>Midmorning lunch</i> ..	Milk.
<i>Noon meal</i>	Clear, strained soup. Rennet custard. Strained fruit juice.
<i>Midafternoon lunch</i>	Eggnog (milk-and-egg shake).
<i>Supper</i>	Broth. Vanilla ice cream. Strained fruit juice.
<i>Evening snack</i>	Milk.

SOFT DIET

In addition to the foods listed in the liquid diet, the following are included in the soft diet:

- Cream of vegetable soup (strained).
- Orange or grapefruit sections; cooked fruits without seeds, skins, or coarse fiber.
- Cooked cereals free from "branny" particles; rice; spaghetti and macaroni (plain or with a simple sauce, containing no solid particles, little fat or seasoning).
- Whole-grain bread and crackers if free from "branny" particles; enriched white bread, toasted or at least a day old.
- Eggs, cooked soft and served without being highly seasoned.
- Meat, fish, or poultry—ground, minced, or flaked (in the case of fish)—and cooked with little or no fat.
- White potatoes or sweetpotatoes, baked, boiled, mashed, or creamed.
- Other vegetables, cooked without fat. Vegetables with little fiber (carrots for example) can be mashed; others (such as greens and peas) should be forced through a sieve.
- Cottage and cream cheese.
- Desserts: Rice and bread puddings, fruit whips, corn-starch pudding, sponge cake, plain cookies.

A Meal Plan for a Day on a Soft Diet

<i>Breakfast</i>	Citrus-fruit juice or tomato juice. Cooked cereal with milk, and sugar if desired. Eggs. Toast with butter or fortified margarine.
<i>Midmorning lunch</i> ..	Milk or coffee (or both). Milk shake.
<i>Noon meal</i>	Cream of vegetable soup (strained). Ground meat, pan-broiled. Baked potato. Mashed or sieved vegetable. Bread with butter or fortified margarine. Stewed fruit.
<i>Midafternoon lunch</i>	Milk.
<i>Evening meal</i>	Lemonade or orangeade. Cream soup. Cottage cheese. Mashed or sieved vegetable. Toast with butter or fortified margarine. Pudding. Milk.

FULL DIET

A full diet for a woman in the postpartum period should include the same foods that are

included in a liberal diet for any healthy adult. Certain modifications may seem advisable, however, because of the patient's lack of activity but these are the same modifications that would be necessary in the case of any confining illness. The food needs of the average woman during the postpartum period will be met if she eats the following foods every day:

Milk: One quart (part can be used in cooking).

Vegetables and fruits: Six servings, including fruit juice. These need not be six different fruits and vegetables.

It is important, however, that the woman eat at least one serving of:

(a) A green leafy, or a deep-yellow vegetable.

and

(b) A fruit or vegetable rich in vitamin C. (Orange, grapefruit, and tomato, or their juices, are best for the woman in bed.)

Whole-grain or enriched bread; whole-grain, enriched, or restored cereals (such as whole-wheat or enriched white bread, oatmeal, rolled-wheat cereal, enriched farina): Two servings.

Eggs: One egg.

Meat, poultry, fish: Two medium servings (one may be a meat alternate such as cheese).

Butter or fortified margarine: On bread and with cooked foods.

Additional foods: As needed to meet individual demands for energy.

Water: Six to eight glasses (part can be in the form of tea, coffee, and fruit juices).

As soon as the nursing mother is up and about she should increase the daily milk allowance to 1½ quarts; eat large servings of meat, poultry, or fish, or medium servings of meat, plus an additional egg, dried beans, peas, or cheese; and take one or two additional servings of fruits and vegetables. Fish-liver oil or some other source of vitamin D, as directed by the physician, should also be included.

Sample Meals for a Day on a Full Diet

Breakfast:..... Stewed prunes.
Shredded-wheat cereal with milk
(sugar if desired).
Scrambled eggs.
Toast with butter or fortified margarine.
Milk or coffee (or both).

Midmorning lunch:.. Milk (if not taken at breakfast).

Noon meal:..... Tomato juice.

Baked ham.

Scalloped potatoes.

Green beans.

Raw carrot sticks.

Whole-wheat bread and butter or fortified margarine.

Cup custard.

Milk and coffee or tea (if desired).

Midafternoon lunch

Orange or grapefruit juice.

Evening meal:.....

Tomato and cottage cheese salad.

Biscuit with butter or fortified margarine.

Apple sauce.

Gingerbread.

Milk and coffee or tea (if desired).

FOODS TO BE OMITTED OR SERVED SPARINGLY

It is not uncommon for a woman in bed to feel some discomfort after eating some foods that give her no trouble when she is up and about. The foods that are listed below are those that seem to disagree with a fairly large number of patients in bed and so they may well be used sparingly, if at all, in the diet of the woman during the puerperal period.

(a) *Foods high in fat*—fried foods, greasy gravies, large quantities of mayonnaise, dessert sauces containing much butter or heavy cream, rich pastries, nuts in large quantities.

(b) *Foods containing large quantities of coarse fibre*—bread or cereals containing considerable bran or other coarse particles, figs, blackberries, parsnips, kale, and other coarse vegetables.

(c) *Highly seasoned foods*—sausage and luncheon meats, pickles, and peppery or sour sauces.

(d) *Other foods that sometimes cause discomfort*—dried beans (except in soup), raw cauliflower, cucumbers, overcooked cabbage, raw onions, sauerkraut, turnips, and melons.

Foods to which the patient has a definitely allergic reaction should be reported to the person who is in charge of her meals so that they can be omitted from the diet.

A limited supply of reprints of this article will be available from the Children's Bureau, Washington 25, D. C.

YOUNG WORKERS IN WARTIME

Child Labor and School Attendance

Excerpts from statement by the Rt. Rev. Msgr. John O'Grady, Secretary, National Conference of Catholic Charities; the Rt. Rev. Msgr. John A. Ryan, Director, Social Action Department, National Catholic Welfare Conference; the Very Rev. Msgr. Frederick G. Hochwalt, Director, Department of Education, National Catholic Welfare Conference; and the Rev. Paul F. Tanner, Director, Youth Department, National Catholic Welfare Conference.

Family and child life have endured many severe strains during the war. The call of the services and of war industries had deprived millions of families of their natural leaders. Many mothers have had to assume a dual role in the home. In addition, large numbers of them have wanted to do their part by entering into war work or by taking jobs that have been vacated by men called to the services or to war industry. As a result, these war dislocations have left millions of children and young people with the merest shreds of home life. Children and young people in large numbers have also heeded the call of war industry. They have felt that they too should contribute their share to the war effort. There has been a great exodus of young people between 16 and 17 from school into war industries and general commercial occupations. There has also been a considerable employment of boys and girls between 14 and 16.

Both State and Federal Governments have relaxed child-labor standards in order to meet the war emergency. Not only have we had a relaxing of child-labor standards; we have also had a very general breakdown in the enforcement of existing standards.

As leaders we may not take a pessimistic view of the influence of war on family and child life. We feel confident that the sufferings and tragedies of the war will bring a new awakening of religious faith; that it will bring man closer to his fellow man and to his God. We feel sure that it will bring the Church closer to the lives of the people. We are aware also that the problems growing out of the war offer a new challenge to all our religious leaders, a challenge to develop a heroism that has been so characteristic of religious life in days of great emergency. It will also be a challenge to us to present practical programs for action which will make our people more conscious not only of their religious but also of their civic responsibilities.

In dealing with young boys and girls in our grade schools and high schools we should be conscious of the change that has come over their lives. They have developed a new sense of their own independence and importance. The new attitude of youth presents real problems for our educators. We must think more and more of ways and means of making the liberal arts a part not only of high-school but also of grammar-school education. Too much of our discussion in regard to ways and means of making the school more challenging is centered around vocational education. However important or even necessary may be a certain amount of training in specialized vocations, it can never provide the foundation for a genuine democratic society; it can never prepare people to resist the shibboleths that make for a totalitarian order.

Every effort must be made to retain within the educational system students in our grade schools and high schools at the present time. Army and Navy officials have pointed out that those who are about to enter the services should as far as possible complete their high-school curriculum. This should be our attitude in regard to the students in our schools. We must contribute our part to making the present child-labor and educational standards as effective as possible. This calls for a strict enforcement of child-labor and school-attendance laws. During the war many schools have come to take an easygoing attitude toward lack of school attendance. Children are thus greatly encouraged in habits of lawbreaking.

One of the most important post-war problems will be that of inducing young people whose education was interrupted by the war to return to school. Many of these young men and women will have become accustomed to high wage standards and lavish spending. The schools must have a program that challenges the interest and imagination of these young people and it cannot be a merely vocational program.

A considerable number of young people who have gone to work prematurely during the war will want to continue in gainful employment and while they may succeed to a degree their lot will by no means be easy. Competition for jobs after the war is going to be intense. Discharged service-

men will have preference on every front and this is bound to make it more difficult for the succeeding generation.

Now is the time to prepare our program of post-war employment for children and young people. We must write into the statute books of the various States high standards of child labor and compulsory school attendance. The laws that we now write need not be put into effect until after the war but we should be ready for after-war problems. We should have our legislation on the statute books and we should also have adequate provision for its enforcement. We should insist on having in our State laws a 16-year minimum age for all employment during school hours and for employment in manufacturing, mechanical, and processing establishments at any time. For all other employment State laws should require a 14-year minimum age for employment outside of school hours. Children under 16 should not be employed between 10 p.m. and 7 a.m. All State child-labor laws should require a maximum 8-hour day for combined school and work; they should also require a maximum 8-hour day, 40-hour week, with a 6-day week for all minors under 18.

* * *

It is most important that there should be adequate State legislation covering the employment

of children of migratory workers. Large numbers of very young children are now employed in harvesting and processing various types of agricultural products. There is no reason why these children should not be included in State laws. They are vastly different from the children who work with their own fathers on one-family farms and on land owned or leased by their own families.

* * *

Law alone cannot give us high standards of child labor or compulsory school attendance. Without proper understanding and vigilance on the part of the people our legislative standards will never be enforced. Child labor and compulsory school attendance should become topics for discussion in local parish and neighborhood groups. Local parish and neighborhood groups can contribute much toward the thinking of the community in regard to the education and employment of young people. These local groups should study and discuss the educational curricula that is set up for young people. They should discuss employment opportunities for young people and the relationship of school programs to these opportunities. Education, like employment, cannot be separated from the community. It is something that calls for active participation by all the citizens.

New York State Campaign Against Child Labor in Bowling Alleys

A determined drive to enforce the State child-labor laws in bowling alleys was carried out during the recent bowling-alley season by the New York State Department of Labor, and will continue, according to a report by that department.¹

Knowing that compliance with law depends largely on public opinion, the department is trying not only to discover violators of the child-labor law, but also to inform the public about the whole problem of the employment of children and minors in bowling alleys; for example, the illegality of any employment at all for children under 14; the law's requirement of an employment certificate for boys and girls from 14 to 18 years of age; the value of such a certificate both to the young worker and to the employer; the danger to the health and welfare of children and minors who work for too long hours or at night.

In order to get the public's cooperation in keeping young children out of bowling-alley jobs, and to emphasize the need for limiting the hours of

16- and 17-year-old workers who are legally employed in such jobs and whose hours unfortunately are not regulated by law, the State Department of Labor is conducting an educational program by such means as press stories, radio talks, leaflets, and subway, bus, and streetcar advertising cards. The department hopes that the educational program regarding the employment of children in bowling alleys will result in prompt and salutary court action in case of violation. In some communities, the report says, convictions seem to have a direct relation to the interest and concern of the public.

The mayors of the cities in the State, according to the report, have responded with practically 100-percent cooperation, both in the educational program and in the whole campaign against the illegal employment of children.

The bowling-alley situation in New York State for some time has presented a great problem to the State Department's Division of Women, Child Labor, and Minimum Wage, which recognized that bowling offers a means of healthful recreation for thousands of people, but that this popular sport was being largely carried on at the expense of

¹ New York State Department of Labor, Division of Women, Child Labor, and Minimum Wage: *Child Labor in Bowling Alleys in New York State*. Albany, November 1944. 13 pp. Processed.

young children. Complaints about illegal child labor in bowling alleys have been received daily by the department, coupled with pleas from bowling-alley proprietors' associations and from bowlers themselves for some relief from the child-labor laws. Bowling-alley associations threatened to close the alleys because of the difficulty of obtaining enough pin setters. A few bowling alleys sought to solve their problems in one way or another—by engaging grown men when they could get them, by having members of the bowling teams set up their own pins, and by trying to plan work-school programs for 16- and 17-year-old youths.

In an effort to obtain some solution, the division in May 1944 set out to collect specific data on the employment of children and minors in bowling alleys and sent investigators into nine cities in the State to make a survey of 93 alleys—about one of every five bowling alleys in the State.

The report of this survey shows how employment in bowling alleys is affecting the health and welfare of the young workers. School authorities, law-enforcement officers, and welfare agencies informed child-labor investigators that boys as young as 9 years go to the alleys after school, eat supper in an upstairs or back room, and work until midnight on school nights and until 3 or 4 o'clock in the morning on Sunday. Fatigued from working in the bowling alleys, children fall asleep in class and are unable to do their school work. Truancy is increasing. In one city a probation officer reported that children sleep all night in alleys, on pool tables, or on benches. Young pin setters have been severely injured by balls or by flying pins. Probation officers stated that the surroundings of some of the bowling alleys are leading to the formation of bad habits by the young workers and are contributing to juvenile delinquency. Although many of the bowling-alley proprietors are strict about not permitting the boys to drink at their bars, they cannot prevent them from drinking elsewhere. The boys get hot and tired at the job of pin setting and go out to get a drink. The report includes an item concerning several youngsters who seemed to be about 14 or 15 years of age, found wandering about the streets between 3 and 4 a. m. When questioned by police, they replied that they had been working at a bowling alley.

Data on wages, tips, hours, age, and employment-certificate status were obtained for 554 boys under 18 years of age working in bowling alleys, all but 3 of whom were employed as pin setters. Questions were asked concerning school attendance and accidents on the job. Information was obtained from both employers and employees; more than one visit was made to most of the establishments.

About 40 percent of the boys were under the age of 16, and 60 percent were between 16 and 18. In the upstate cities, approximately half of the boys were under 16. In New York City the proportion was considerably less—one of every eight. None of the pin boys in the New York City alleys visited was under 14, the minimum age at which children may legally begin to work, whereas 18 of the 402 boys in upstate bowling alleys were under 14. One boy was 9 years old, one 11, three 12, and 13 were 13 years old.

Sixty percent of the boys worked on 3 days or less a week. "Here today, gone tomorrow," as one employer stated, is a good description of a large part of the pin-boy labor supply. Anyone is hired, and many alleys pay their pin boys each day. Some proprietors will send an employee out on the nearby streets in order to recruit helpers when customers are anxious to bowl. At such times no attention is paid to the provisions of the child-labor laws.

Four out of every five of the boys were found to be employed illegally; some without the required employment certificate; some, who were 14 to 16 years of age, working after 6 p.m., or more than 44 hours a week, the legal limits for minors of those ages. Only 5 percent of the boys 14 to 16 years of age were employed legally; that is, possessed proper working papers and were known not to be working after 6 p.m. Of the boys who were attending full-time school, 20 percent were on the job until midnight or later, although they were supposed to attend school the following morning. Teachers, principals, and attendance officers commented on the increased tardiness and absenteeism among these late night workers. One 15-year-old boy who was working in a bowling alley until 1 a.m. was tardy 9 times within a period of a few weeks and absent 7 times.

Wages were paid by the game or by the hour. The median hourly earnings were 52 cents but few of the boys do more than part-time work, and the median weekly earnings were only \$5.56. For most of the boys their jobs provided only spending money; 36 percent of them earned less than \$4 a week. Nineteen percent earned \$10 a week or more, but only 7 percent made as much as \$14. Most boys got something extra in tips, the amounts varying in different cities. The median amount received in tips per week was \$2.69.

It was not uncommon for pin setters to be injured. Two boys who reported rather severe injuries had not filed claims for workmen's compensation, although each of them doubtless would have had a good case. The report states that in 1942, 90 minors under 18 in New York State received compensation awards for accidents caused by bowling balls and pins, and that in 1943 there were 72 such cases.

INTER-AMERICAN COOPERATION

BRAZIL

Division of Child Welfare in Rio Branco

A Division of Child Welfare has been recently established in the Territory of Rio Branco, Brazil. This Division will engage in preventive and curative work under the general supervision of the National Children's Bureau in Rio de Janeiro. The present plans provide for medical and dental care and improvement of nutrition for all children and youth in the municipalities. The territory has been divided into 15 districts, in each of which will be established a maternity home, a milk station for children, a day nursery, and a kindergarten.

A Manhã, Rio de Janeiro, October 11, 1944.

Children's Week

Children's Week was observed in Brazil in October 1944, under the sponsorship of the National Children's Bureau of that country. Held annually for several years, the program was prepared by the National Children's Bureau, and instructions for carrying it out were sent to the public authorities throughout the country.

In Rio de Janeiro the week was opened with a conference of State and Territorial directors of maternal and child-health services. The main purposes of the conference were to formulate the principles of a nation-wide system of child-health services, to define the functions of the State and Territorial bureaus of child health, to coordinate their activities with those of the National Children's Bureau, and to promote the establishment of health services wherever they are needed. It was decided at the conference to help in the organization of municipal child-welfare boards, which were prescribed in 1940 by the law that established the National Children's Bureau. These boards, with a semi-official status, are to consist of persons interested in social service and are to exercise general supervision over the child-welfare work in the community.

Among the activities of the week arranged by the Bureau in Rio de Janeiro were an exhibit on child care, lectures, motion pictures, and radio talks. Much space was given by the newspapers to

discussions of better protection of children's health.

Similar activities took place in many other cities.

A Noite, A Manhã, and Diário Carioca (Rio de Janeiro newspapers). October 10-18, 1944.

MEXICO

Mothers' Clubs

Mothers' clubs have been carried on in Mexico for the past 7 years under the sponsorship of the Federal Bureau of Child Welfare. The initial purpose of these clubs was to teach child care and home management to mothers in low-income families. To this end a group of women interested in social welfare, with the aid of professional social workers, organized a club of the mothers who attended one of the free clinics in Mexico City. The membership increased rapidly and soon similar clubs were established in several cities.

Under the present program the mothers are taught reading, writing, arithmetic, child care, first aid and home nursing, personal hygiene, cooking, home management, and various kinds of needlework. The instruction is given by trained teachers. Early in 1945, of the several thousands of members in Mexico City, 2,700 were taking the above-mentioned subjects. Some of the classes have been making bathroom rugs, house slippers, mittens, gloves, wool caps, aprons, and curtain materials. Most of these articles are sold to business firms in the United States, and the proceeds are turned over to the members.

The clubs have well-equipped kitchens, dining rooms, sewing rooms, infirmaries with first-aid stations, and lecture and recreation rooms. They are maintained partly by members' dues of about 4 cents a month in United States currency, and partly by grants from the Federal Bureau of Child Welfare (Dirección General de Asistencia Infantil) and from voluntary committees on child welfare, which have been organized in many parts of the country to raise funds for child-welfare work.

As a result of the work in these clubs the mothers of low-income families are reported to have become better able to care for their homes, their children, and themselves.

El Popular, Mexico City, February 8, 1945.

SOCIAL SERVICES FOR CHILDREN

SUMMER COURSES

Mills College, Oakland 13, Calif., will offer an intensive training course, covering physical and mental development of children, to qualified students who are interested in preparing to teach children of nursery-school age. A course in observation of young children is planned for those who do not expect to teach but who wish to increase their understanding of this age group (June 29 to August 10).

Louisiana State University School of Social Welfare, Baton Rouge 3, will offer a 3-week and a 9-week summer term, beginning June 11; also a 3-week term beginning July 23. The subjects include behavior problems of children, supervision in social case work, the child and the community, and community welfare planning.

Barnard College, Columbia University, New York 27, in cooperation with the *New York School of Social Work*, will conduct an institute of community organization and leadership to help lay citizens of demonstrated leadership ability to meet more effectively the difficult social problems caused by war and post-war conditions (June 10 to 29).

New York School of Social Work, Columbia University, New York 10, will hold three series of summer institutes dealing with various aspects of social-work practice, with particular emphasis on the needs and problems of the war and post-war periods. (Series A, which includes "Current Problems in Child Welfare" and

"Psychiatry in Social Case Work With Children," July 9-20; Series B, July 23-August 3; Series C, August 6-17.)

Teachers College, Temple University, Philadelphia 22, will conduct a workshop in early childhood education, from July 2 to August 10, for teachers and other persons interested in nursery-school or kindergarten education.

Pennsylvania School of Social Work, Philadelphia 3, will give a 10-day course on current problems in the technical process of social work (June 12 to 22).

The National Society for the Prevention of Blindness is cooperating with five colleges and universities in provision of special courses for the preparation of supervisors, teachers, nurses, social workers, and others concerned with the education of the partially seeing child. The courses offered are as follows:

Elementary courses: *Wayne University*, Detroit, Mich. (June 18-July 27); *University of Wisconsin*, Madison, Wis. (June 25-August 17); *Teachers College, Columbia University*, New York City (July 2-August 10).

Special short courses: *The University of Oregon*, Portland, Ore., will offer a short course for general grade teachers who may have partially seeing pupils in their groups for whom no special classes can be established. (June 18-July 27.) *Indiana State Teachers College*, Terre Haute, Ind., will include in its summer workshop lectures, demonstrations, and discussions of the principles of conservation of vision (June 3-June 23).

NOTES

The Superintendent of Documents, Government Printing Office, has found it necessary to increase the price of *The Child*, beginning with the issue for July 1945. The price of a year's subscription will be \$1 in the United States and its possessions; foreign postage, 25 cents additional. Single copies will be 10 cents each.

Another Social Statistics Supplement to Volume 9 of *The Child* will soon be ready for distribution. Two subjects are included: "Changes in the Volume of Foster Care Between 1933 and 1943" and "Juvenile-Court Statistics, 1943." Single copies may be had free from the Children's Bureau on request.

CHILDREN OF DIVORCED PARENTS. Law and Contemporary Problems, Vol. 10, No. 5 (Summer, 1944).

The legal aspects of the problems of children of divorced parents are the subject of the summer issue of *Law and Contemporary Problems*, published by the School of Law, Duke University, Durham, N. C. Dr. Kingsley Davis, associate professor of public affairs at Princeton University, in "Sociological and Statistical Analysis," estimates that at least 150,000 children are affected by divorce each year in the United States and that the total number of children under 18 whose parents have at some time been divorced exceeded a million and

a half in 1940. He also forecasts an increase in the number of divorces, as a result of war and post-war conditions, from 264,000 in 1940 to 461,000 by 1946. Other articles discuss custody and maintenance of the children as determined by the trial judge and on appeal. Major General Jay L. Benedict, President, War Department Dependency Board, contributes a paper, "Divorced Servicemen's Children and War Conditions," in which he considers disturbances of family life due to the war, the problem of the illegitimate child, and the provisions of the Servicemen's Dependents Allowance Act.

A psychiatrist's views on children of divorced parents are given by Dr. James S. Plant, who points out that among the children coming to the Essex County Juvenile Clinic in Newark, N. J., of which he is the director, there are many more whose parents are separated than there are whose parents are actually divorced, and that in most cases reaching the clinic the real damage to the child has been done long before the divorce. For the psychiatrist, he states, divorce is a mere incident in a situation in which the child has long been rejected or felt insecure, and may even be a relief to the child. The child should remain after the divorce with the parent who can best give him a sense of belonging and inner security, regardless of whether that parent is plaintiff in the divorce suit, and should never be divided between the parents. In a situation where the child has been used as a pawn in the conflict between his parents Dr. Plant recommends placing the child away from both parents until it appears that one of them is ready to care for him on the basis of the child's best interests.

THE CHILD

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In This Issue ...

THIRD ANNUAL BORDER HEALTH CONFERENCE

COORDINATING MENTAL-HYGIENE WORK FOR
CHILDREN

NATIONAL CONGRESS OF COLORED PARENTS
AND TEACHERS MEETS WITH CHILDREN'S
BUREAU

UNITED STATES
DEPARTMENT OF LABOR
CHILDREN'S BUREAU



THE CHILD

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VACATION IS HERE

As school doors close, thousands of boys and girls, freed from lessons, are thinking about summer jobs. During the three summer vacations since Pearl Harbor the work of school children has played a real part in the Nation's production effort that made V-E Day possible. Young workers 14 through 17 years of age numbered 5 million last summer, and as many may be at work this summer. Employers want them. The children themselves are eager for new experience, and for the opportunity to earn money of their own.

But there is more to be considered than the job. The job is important, it is true, but nothing is so important to the Nation as its children.

Parents, teachers, employers—all who come into contact with the child who is getting and holding a vacation job—must see that he does not go into work that is beyond his strength, that his working hours leave time for needed play and sleep, that his work is suited to his maturity, and that it does not expose him to hazards. The first step in being sure of this is to be certain that the work is legal for a child of his age, that he gets an employment certificate as required by law, that his hours are in accordance with legal requirements.

Granted the job is legal, parents have an important responsibility to help in the selection of the job. Taking a job is an important step in the life of a child, and it is the parents' duty to see that the job's surroundings are healthful and suitable and that the work is such that it gives the young worker experience that will be of value to him in some way.

Above all, these young workers should realize that their primary job is education and that when school opens in September the first call upon them is to go back to school.

And not merely go back to school, but give school the priority it deserves. Every American boy and girl needs the best education and training the Nation can provide.

For information in regard to the State child-labor laws, write to the State department of labor at the State capital, which usually is the agency that enforces State child-labor laws. Certificates for vacation jobs can be obtained from the local certificate-issuing officer, who in most States is a school official.

For information regarding Federal standards write to the Children's Bureau, U. S. Department of Labor, Washington 25, D. C.

Publication of THE CHILD, Monthly Bulletin, with SOCIAL STATISTICS supplements from time to time, was authorized by the Bureau of the Budget, May 12, 1936, under Rule 42 of the Joint Committee on Printing, to meet the needs of agencies working with or for children for a regular channel of information on current developments, activities, policies, and programs for maintaining the health of mothers and children, providing child-welfare services, and safeguarding the employment of youth. Address THE CHILD, Children's Bureau, U. S. Department of Labor, Washington 25, D. C. The Children's Bureau does not necessarily assume responsibility for the statements or opinions of contributors not connected with the Bureau. THE CHILD is for sale by the Superintendent of Documents, Government Printing Office, Washington 25, D. C., at \$1 a year; foreign postage, 25 cents additional; single copies, 10 cents.

UNITED STATES
DEPARTMENT OF LABOR
FRANCES PERKINS, *Secretary*



CHILDREN'S BUREAU
KATHARINE F. LENROOT, *Chief*

GENERAL CHILD WELFARE

Third Annual Border Health Conference

By KATHARINE F. LENROOT
Chief, U. S. Children's Bureau

The third annual conference of the United States-Mexico Border Public Health Association, held in El Paso, Tex., and Juarez, Mexico, May 14-16, for the first time included a round table on maternal and child welfare. The association was founded 2 years ago to deal with health problems in the border States of Mexico and the United States, and it is making an outstanding contribution both to the solution of health problems and to the creation of friendships and mutual understanding on the part of health workers in the two countries. The round table on maternal and child health and child welfare was in part an outgrowth of the writer's visit to Mexico at the time of the Inter-American Conference on Problems of War and Peace, when the possibility of including maternal and child health and child welfare in the program of the Border Health Conference was discussed with Mexican officials.

The round table was held under the joint chairmanship of Dr. Pedro Daniel Martinez, Director General de Higiene y Asistencia Infantil, Secretaría de Salubridad y Asistencia, Mexico, D. F., and the writer. It was attended by some 50 persons, representing health and welfare services of Federal, State, and local Governments in Mexico and the United States, including representatives of Arizona, California, New Mexico, and Texas. The agenda for the round table covered programs of maternal and child health and child welfare on the border, employment of minors, protective legislation for children, training for social workers and nurses, and United States-Mexico cooperation in maternal and child protection. Obviously, such a broad range of subjects could be discussed only in general terms, but it was deemed important to review briefly the broad range of problems affecting children which should be included in cooperative programs. A feature of the discussions was a presentation of a city-wide program for the prevention and control of infantile diarrhea in San Antonio, by Dr. Lewis Robbins, director of San Antonio's city health department, and Dr. José Olea, an Ecuadorian physician who is serving

temporarily as director of maternal and child health in the same department.

The conclusions of the round table were presented to and approved by the resolutions committee of the conference and the conference itself. After expressing appreciation to the organization of the conference for the inclusion of the round table in its program, the group expressed the hope that the Border Public Health Association would establish a permanent section on maternal and child health and child welfare. The remainder of the statement adopted by the round table is as follows:

On both sides of the border there exist grave problems of maternal and infant mortality, childhood disease, child dependency and neglect, juvenile delinquency, lack of educational opportunity, and child labor that seriously interfere with the education and the general development of children. To deal successfully with these problems requires exchange of information and professional experience, the establishment of means of direct cooperation in individual cases between agencies and authorities of the United States and Mexico, and cooperation in planning for the ways in which children on both sides of the border may have the protection and the opportunities necessary for their best development.

In order to obtain more complete information concerning the needs of children and the services available in border States, and to promote continuing Mexico-United States cooperation in matters pertaining to the health and welfare of children, it is recommended that a joint committee on children be established whose functions would include the following:

- a. Gathering and arranging for publication of information concerning the agencies and officials in the border States and border cities and in the Federal Governments whose duties relate to the health, protection, or welfare of children, and the services that such agencies and officials may be in a position to give.

- b. Promoting interstate and intercity conferences on child health and child welfare.

c. Developing cooperation in preparing health-education material of any type for Spanish-speaking parents and children.

d. Developing cooperation in special projects, such as control of infantile diarrhea.

e. Arranging for cooperation with respect to professional education and opportunities for observation and study by professional workers in Mexico and the United States.

The round table expresses the hope that the Federal Governments of Mexico and the United States may be able to assign at least two persons, one from each country, to serve as joint executive secretaries of the committee and to promote Mexico-United States cooperation in matters pertaining to children.

The conference adopted a resolution urging prompt action by the officials of Mexico and the United States in appointing the committee.

National Congress of Colored Parents and Teachers Meets With Children's Bureau

By VINITA V. LEWIS

Consultant in Social Services, Social Service Division, U. S. Children's Bureau

Community leadership by parents and teachers in behalf of Negro children was emphasized at a joint conference between the Children's Bureau and the Executive Board of the National Congress of Colored Parents and Teachers, held at the Bureau March 15-17, 1945.

The purpose of the conference was to explore the needs of Negro children in wartime and the postwar period and to consider ways of strengthening adult leadership for these children at a time when so many workers in the children's field have left this work to enter the armed services or other occupations connected with the war effort.

The conference was attended by 48 persons, of whom 27 were members of the executive board from Alabama, Arkansas, Delaware, the District of Columbia, Florida, Georgia, Kansas, Louisiana, Mississippi, North Carolina, New Jersey, South Carolina, Tennessee, and Texas; the others included representatives of the Children's Bureau and of other Federal agencies and national organizations concerned with parent-teacher activities.

No stone had been left unturned to make this conference a joint one in every sense of the word. It was the climax of a long series of mutual activities in serving children by the Bureau and the National Congress. The President of the National Congress had served as a member of the White House Conference on Children in a Democracy, of several Children's Bureau Advisory Committees, and of the National Commission on Children in Wartime. A Bureau staff member had attended the 1943 annual conference of the National Congress at Richmond, Va.; and another had attended the executive board's 1944 planning

conference on "New Frontiers and the Role of Parents and Teachers in Postwar Planning," at Nashville, Tenn.

It was at this latter meeting that the invitation was extended to the executive board to meet with the Children's Bureau in the spring of 1945, as the result of the earnest desire of the Chief of the Bureau to learn of the needs of Negro children from Negro parents and teachers themselves. At the same time the Bureau hoped to provide opportunities through which Negro parents and teachers might learn more about wartime conditions and trends that affect all the children in the United States.

Accepting the invitation, the President of the National Congress requested the public-welfare committee of the congress to serve as a planning committee for the joint conference, acting in cooperation with members of the Children's Bureau staff selected by the Chief.

Katharine F. Lenroot, Chief of the Children's Bureau, who had just returned from the Chapultepec Conference in Mexico City, brought news of the Declaration of Social Principles of America, adopted by that conference, which stated "that poverty, malnutrition, sickness, and ignorance are lamentable and transitory situations of human life and that the American nations will undertake to combat them energetically and decisively." Furthermore, said Miss Lenroot, the Chapultepec Conference reaffirmed the principle, recognized by all the American nations, of equality of rights and opportunities for all, regardless of race or religion.

Miss Lenroot told how the people of Mexico are combating illiteracy and are showing how a com-

bination of enthusiasm and science can make progress in solving problems which, though more serious in Mexico, are somewhat similar to ours.

Goals for children and youth

Considering the needs of children in our own country, Miss Lenroot spoke of the Goals for Children and Youth adopted by the National Commission on Children in Wartime, with reference to safeguards for family life, health services and medical care, employment, social services, and education of parents, youth, and all citizens. Within the framework of these goals, said Miss Lenroot, the executive committee of the commission has marked out some steps which the American people can take toward the better and richer democratic life that we owe our children and youth. The commission recognizes, she said, that full employment, with adequate wages and conditions of work, and insurance against the normal economic hazards of life, are first essentials for every family if children are to have the chance to develop their full potentialities. But even when these are assured, the commission feels, said Miss Lenroot, that there remain many services which children must have from the Federal Government and from the States and communities where they live.

The health and welfare of children, went on Miss Lenroot, no less than their education, are public responsibilities, and services to children should be made available to them as a matter of right. In this connection Miss Lenroot quoted the late Grace Abbott's remark that you could serve all children alike only by serving each one differently in accordance with his or her special needs.

What the child in a minority group faces

In discussing What the Child in a Minority Group Faces, Mrs. Charles S. Johnson pointed out that the normal problems of Negro children are the wartime problems of other children, intensified by community restrictions and racial taboos. "The economic handicap under which the Negro child is born," she said, "has constantly imperiled his moral and financial security, and made of his family structure a ruin which an overworked mother and older sister have struggled vainly to bolster with temporary, and often questionable, income." In addition to the insecurity of the adults in their home life, said Mrs. Johnson, these children have the handicap of poor schooling by unprepared and low-paid teachers. Their schools, in many communities, said she, are buildings that teachers, parents, and children have struggled valiantly but without guidance to erect and maintain.

In wartime, Mrs. Johnson continued, adolescents of all races are going about the streets of our cities and towns in search of an emotional or physical lift to lighten their hearts and boost their egos, but Negro children at the same tender age have for years been similarly wandering the streets. Mrs. Johnson went on to say that all the conditions of child life that disquiet the community are accentuated in the case of Negro children. They are not temporary conditions, she said, not vague intangibles; they are continuing and real, and they have therefore appeared to the outside observer as permanent, unchangeable.

No decent place for child to go

The Negro child, she went on, has not had the interest of health or welfare agencies or of community committees. Often he has only a harassed mother or a praying grandmother to consider the consequences when he—or she—is all dressed up and no decent place to go.

Like all children denied the majority way of life, Mrs. Johnson told the conference, Negro children draw in upon themselves, feeling that their society has failed them—their parents and teachers along with others.

A member of the conference, an experienced teacher, said that if this is true—that Negro parents and teachers have failed the children—it is because Negro parents and teachers have grown up in the same minority environment, feeling the same need for better economic conditions, the same need for the community services and facilities that are provided for others but not for Negroes.

In the section best known to me, this teacher said, there are counties that have no doctors, no nurses. A person may become infected with a venereal disease and have no way to fight it; he may not even know that he has it. If Negroes are to live up to health, welfare, and educational standards, she added, Negro children must have basic education in order to know what these standards are. Unless they learn through experience to recognize the value of health, welfare, and educational facilities, the teacher went on to say, Negro children would not know enough to want them.

Other members of the conference spoke of the helplessness that Negro adults feel when they are attempting to obtain for Negro children the minimum health, welfare, and education services that would safeguard and enrich their lives.

Consideration was given to issues involved in strengthening the Negro home and family with regard to support, shelter, and health, to community organization for health and welfare services, to programs of safety for Negro children, and

to parent-education with regard to school attendance and child labor. Several significant observations were made:

(1) The Negro family must have new goals and must have new incentives for strengthening its efforts to attain them. The head of a Negro family should have the same security as the heads of other families and should have equal pay for equal work. The Negro family should have access to all the helpful resources of society.

Wherever stabilization of the Negro family and neighborhood life is permitted and the Negro man gets a stake in society, a family tradition begins that tends to strengthen family life and creates ambition in the children.

(2) Stabilizing neighborhood life is a total community function in which social planning makes a significant contribution. To do effective and sound planning, leaders must collect facts about unstable and hazardous neighborhood conditions and present them to the total community so as to arouse social opinion in behalf of children and to hurt the consciences of persons, Negro or white, who tend to be indifferent to the conditions under which children are living.

(3) A prepared and enlightened leadership is the essence of importance in providing the proper safeguards for children. Voluntary and salaried white and Negro leaders, together with parents of Negro children, must be willing and persistent in carrying out the intent of the legislation and regulations concerning children which are already in existence. It will be necessary for leaders to use, in relation to services for Negro children, a greater amount of social intelligence than is ordinarily used in carrying out provisions and programs for children generally.

(4) Too many of the programs for Negro children have been conducted by well-meaning but impoverished private organizations instead of public agencies.

(5) It was the opinion of the conference that in order to ascertain the needs of Negro children within their own States, to plan so that these needs will be met by their own communities, to reach

an agreement as to the goals attainable within a given period of time, and to establish precedents for planning progress in obtaining community services and facilities for children, social intelligence, astuteness, and integrity would be required of white and Negro leadership throughout the States. Negro professional workers are likely to know more about "race" than white professional workers; they are not so likely to know the total political and economic framework in which they live and work. White professional workers are likely to know more about the political and economic framework and less about "race" and the organized systems of sustaining "race." Both groups of workers will need to make themselves "whole" before they can be of adequate service to the people of good will who desire better community facilities for children.

(6) The lines of communication should be kept open between the racial groups so that the interest that both have in the welfare of children can be thoroughly understood and can come to fruition through joint or simultaneous efforts. This necessity was particularly pointed out in reference to the efforts by Negro women to encourage and participate in the establishment of State training schools for Negro girls.

As a result of the work of the conference, two opportunities for still further effective work on the part of the National Congress of Colored Parents and Teachers seem to be emerging. The first is the opportunity to cooperate actively with the Children's Bureau in national campaigns on specific problems affecting all children, such as the campaign by the Bureau of the Census and the Children's Bureau to obtain adequate birth registration throughout the United States. The second is to cooperate and to consult with the Children's Bureau in simplifying and strengthening future publications on mothers and babies and publications for parents and teachers concerning child health, delinquency, dependency, and so forth. The objectives of this proposed cooperation are to uphold the standards of good parenthood and to help in developing an effective social opinion regarding children in the United States.

A limited supply of reprints of this article will be available from the Children's Bureau, Washington 25, D. C.

RECENT OR REVISED CHILDREN'S BUREAU PUBLICATIONS

Child Guidance Leaflets. (See p. 187.)

Facts About Crippled Children, 1944. Bureau Publication 293. 14 pp. 1945.

Infant Care. Bureau Publication 8. 126 pp. Revised 1945.

Keeping the Well Baby Well. Folder 9. 8 pp. Revised 1944.

Proceedings of Conference on Rheumatic Fever. Bureau Publication 308. 135 pp. 1945.

Which Jobs for Young Workers? No. 9—Advisory Standards for the Pulp and Paper Industries, 8 pp., 1944; No. 10—Advisory Standards for the Textile Industries, 8 pp., 1944; No. 11—Advisory Standards for the Railroad Industry, 8 pp., 1944; No. 12—Advisory Standards for Foundries, 8 pp., 1945.

Your Child From One to Six. Bureau Publication 30. Revised 1945. (In press.)

MENTAL HEALTH OF CHILDREN

Coordinating Mental-Hygiene Work for Children

As a step toward integrating the contributions that the various professions working in the field of child development have made toward the mental health of children and youth a joint committee representing the National Committee for Mental Hygiene and five other national organizations in related fields have prepared, as a basis for discussion, a statement of the mental-health needs of children.¹ Physicians, nurses, social workers, teachers, and others in the children's field are invited to examine it with a view to clarifying the contributions of their respective professions. They are asked specifically, in the introductory statement prepared by Dr. George S. Stevenson, "to indicate the share in the division of labor that they can take, to refine the statement as needed, and to translate it into a program of action." The joint committee is planning to develop the program further in the light of comments received.

ASSUMPTIONS ON WHICH PROGRAM IS BASED

That there is a regular, orderly sequence of growth, development, maturation, and aging, through which every child must pass, each at his own rate of progress.

That each child, beginning at birth, must meet these biological demands and must also meet the requirements of cultural traditions, learning to transform his naïf, impulsive behavior into the patterned conduct of tradition.

That if a child is given an opportunity to function fully and freely at each stage of his development, and if the successive denials and requirements are made when he is ready to accept them, major threats to the child's mental health can be avoided.

That a young child needs a full measure of the "psychological vitamins" of comforting and re-

assurance, of unconditional love and protection, in order to meet the demands of socialization.

That the way in which children come to terms with the problems and life tasks which they begin at birth to face, and the reactions they develop, constitute the process by which their personality is developed and their mental health is jeopardized or secured.

That the same problems or life tasks in successive forms and settings confront the individual all through his life, and that the way he learns to meet them in infancy and the preschool years sets the patterns with which he will meet them in adolescence, in adult living, in involution, and in senescence.

That these crucial life problems are (1) the question of obedience to authority and of developing independence and self-discipline; (2) the question of accepting the masculine or feminine role in order to become an adult, prepared to utilize the opportunities and privileges which maturity brings to men and women in marriage and parenthood; and (3) the question of revising childhood beliefs and fantasies and reconstructing the individual's ideas about himself in accordance with his actual potentialities and limitations.

That the individual's personality arises as his persistent way of organizing his experience and his feeling toward life and is expressed in his characteristic ways of believing, thinking, acting, and feeling, which create his personality problems. Mental health is not something with which we are born; whether we attain and maintain it depends upon how we meet the successive tasks of life. It can be lost in various ways after its development. Social adjustment reflects the way an individual has accepted his past experiences, especially his forgotten childhood, which continues to operate throughout his life.

That the beliefs and practices and feelings of adults, particularly parents, but also of doctors, nurses, dentists, teachers and other school personnel, social workers, policemen, recreational leaders, ministers, priests, and other adults en-

¹ "Mental Hygiene for Children and Youth," mimeographed by the Children's Bureau, U. S. Department of Labor, Washington 25, D. C., for the following joint committee: American Psychiatric Association, Douglas A. Thom, M.D.; American Orthopsychiatric Association, Marian E. Kenworthy, M. D.; American Association on Mental Deficiency, Edward J. Humphreys, M.D.; Society for Research in Psychosomatic Medicine, Edward Weiss, M.D.; International League Against Epilepsy, Douglas A. Thom, M.D.; National Committee for Mental Hygiene, Lawrence K. Frank, with an introductory explanation by George S. Stevenson, M.D., Medical Director, National Committee for Mental Hygiene.

gaged in doing things to and for the child, may constitute either major hazards or major aids to the mental health and social adjustment of children and youth. And that, in addition, all individuals dealing with the parents outside the home also contribute to or threaten the child's mental health because their actions directly affect the parents who, in turn, communicate their reactions to their children.

And, finally, that the family is the chief and primary agent for transmitting cultural traditions to the next generation. What the members of the family do to and for the child and how they transmit these traditions will be the matrix out of which the individual child's personality arises. Many of the socially sanctioned practices of parents and many of their traditional ideas and beliefs about children and human nature are responsible for much of the warping and distorting of the child's personality. A program of mental hygiene, therefore, must attempt to modify the care and rearing of children in the family. This is becoming increasingly feasible because the older ideas and beliefs have become less certain and parents are becoming more accessible for guidance.

APPROACHES TO MENTAL HEALTH

Not the least important task of mental hygiene is to create a belief in human nature so that parents and teachers will realize that children want to be social and to belong to the group and to be like adults. They want to be loyal and, if given love and reassurance, they can and will achieve orderly conduct and friendly, cooperative human relationships. Thereby they can learn, with help, to manage their impulses and feelings which otherwise may lead to disorderly and often destructive conduct. We could believe more in human nature if we realized that children have potentialities for growth and adjustment which we can rely upon to help them mature. If they are blocked or frustrated or coerced or deprived of the understanding and affection they need, they will not meet the requirements of socialization effectively.

It should be recognized that many of our traditional beliefs about young children are no longer tenable; that the belief that strong discipline and harsh punishment were necessary to socialize the child can no longer be maintained. Professional judgment based on the study of both children and adults no longer supports the older practices of scolding, physical punishment, and other treatment designed "to break the child's will" since these usually create persistent feelings of anxiety, guilt, or resentful hostility which appear later in various forms of maladjustment and misbehavior. But these methods of child rearing are conscientiously

used by parents who cannot believe in their children and as a result these parents create the very difficulties they are so anxious to avoid.

Help parents become aware of children's needs

Starting with the family, there are many opportunities for professional workers to create in parents an awareness of their children's mental-health needs. Physicians in prenatal clinics and well-baby stations, general practitioners engaged in family medicine, pediatricians, obstetricians, and gynecologists, if themselves sensitive to such needs, are in an excellent position to help parents gain a better understanding of what they can and should do in rearing their children. This is true also of nurses in clinics and those in public-health or school nursing, social workers, clergymen, teachers, and others coming in contact with the family.

Schools training workers to enter these professions should orient the students by giving them an acquaintance with new knowledge regarding growth, development, and maturation of children and youth and an understanding of desirable practice in protecting the personality of children, both in the home and in the various agencies to which children come for care and treatment. It is important that each profession recognize more clearly that the professional worker as a personality exerts a large personal influence in the life of the child that may be more significant than the special service he renders.

Reorientation through in-service training of personnel is needed to create in these workers sensitivity to mental-health problems and in this way to give them a better realization of their opportunities and an understanding of necessity of altering many of their long-established practices and instructions so as to minimize threats to the child's mental health in such matters as feeding, toilet training, dealing with emotional reactions, and the mother's attitude toward her baby.

It is no longer possible to maintain any rigid distinction between physical and mental health. It is, therefore, especially important to reorient the physical education, health education, and medical programs for youth in this new direction.

Nursery school can help family

The nursery school is regarded as probably the most promising agency for developing the mental health of young children. Here all the new knowledge and insights into an articulated program for the preschool child can be used to help the family directly and constructively in meeting the difficult task of socializing their children. The major emphasis should be on helping parents rear their children more wholesomely. But many preschool children will be found in need of diagnosis and

treatment, which should be focused early, both on the child as a personality and upon the family.

School brings new demands

When a child enters elementary school he again encounters a series of new demands and frustrations which may prove too much for him, especially if he has already been emotionally damaged and deprived of what he needs for wholesome development. For the first few years of school, especially, he should be given every possible help in adjusting to the school situation. The primary unit, as it has been called, which eliminates the usual marks, grades, promotions, and failures, and focuses upon helping the child as an individual personality to establish himself in the social group, shows how this critical period can be handled by the schools as an active program for conservation of children's mental health.

Adolescents must learn self-direction

Adolescence brings the necessity for realizing that each boy and girl must face the inescapable tasks of life, including the problem of biological growth, development, and maturation. In order to grow up and become a participating member of our society, the adolescent must develop a capacity for self-direction and independence and cease to be an obedient, dependent child who relies upon his family for continued guidance. Likewise, the adolescent must come to terms with his world and demonstrate his adequacy by meeting the requirements of school and job.

In meeting the often difficult problems of transition from childhood, the individual boy or girl is frequently torn by conflicting needs and loyalties and is usually unable to find the kind of guidance and counsel which he may so desperately need. A program of mental health for adolescents should be directed toward the clarification of the many and often acute curiosities of young people. The schools can help if they increasingly organize their programs around the questions in which adolescents are vitally interested, as contrasted with the usual procedure of expecting adolescents to conform to a curriculum which may largely ignore what they want to know and what they would like to do.

Difficulties may be brought to light

To the extent that we recognize the problems of youth, we may then interpret the misconduct, the delinquencies, the mental disorders of adolescence as symptoms of the inability of individual boys and girls to meet these problems. Almost every form of adolescent breakdown and defeat is preceded by a period of increasing difficulties, although some of the early stages of the more

serious forms of mental disorder are not overtly exhibited but may be indicated by a shy, withdrawn, and seemingly well-behaved child who is preoccupied with his or her own problems. Even in such children, however, the difficulties may frequently be brought to light through projective techniques such as painting, drawing, and writing of stories.

Child-guidance facilities needed

There is an urgent need for more and better child-guidance facilities to care for the large number of seriously disturbed boys and girls, but there is an equally pressing need for the development of mental-hygiene programs for youth, the outlines of which can be described in the light of various experiments and studies that have been going on during the past few decades. Primarily the task is one of coordinating the schools, youth agencies, and other professional organizations to meet the needs of youth.

Naturally, clinical facilities can and will be used only to the extent that the individual children are recognized as needing diagnosis and treatment either before they have exhibited any overt symptoms of misconduct or at the first occurrence of such. Too often schools and homes postpone seeking such help until the cases have become acute and, therefore, doubly difficult to treat. The distinction between normal and abnormal needs to be revised. All boys and girls face the same life problems during the second decade. Some are better able to meet them with little or no persistent emotional disturbance or distortions. Others, however, are unable to make these transitions, and they exhibit what we call "abnormal" behavior as shown in delinquency, including various forms of sex misconduct and homosexuality, mental disorders, and various psychoneurotic breakdowns, alcohol and drug addiction, vagrancy, and suicide.

Vulnerable child can be recognized

The schools have an unrivaled opportunity to help prevent later delinquency and to minimize other forms of defeat and wastage among older children and adolescents by explicit recognition of what has been called the vulnerable child—that is, the child who has been exposed to family, neighborhood, or other experiences damaging to his personality. Through the early identification of vulnerable children and the provision in the schools of different kinds of experience which will strengthen and protect them, an educational program of far-reaching significance has already been developed in a few schools. If the school personnel and the representatives of other organizations learn to collaborate in the effort to recognize these

vulnerable children and to protect them, really effective action will emerge in a program of mental hygiene for children and youth.

Role of churches

The churches face a very real opportunity to contribute to these programs for the protection of children and youth, especially among families who are in continuing relationship with their churches. In accordance with the Christian injunction "to love little children," the churches can help parents to a fuller realization of what this means and to recognize how many of the customary practices of discipline and punishment in the home are in conflict with what is known about the emotional needs of young children and the process of their personality development.

School guidance and counseling

Since there has been a very large expansion of various kinds of guidance and counseling in the schools, especially in the secondary schools, these activities must also be examined in the light of their possible contributions to mental health.

Use of institutions calls for restudy

The use of institutions for children and youth calls for careful restudy since too often children are sent to institutions not because that is the wise procedure for those children but because of inadequate clinical, educational, and other facilities in their local communities. The outcome for children who have been sent to institutions, especially for delinquency, indicates that in many cases such commitments have been harmful to the child and have failed to protect the community from his further misconduct. A revision of our existing legal and correctional machinery for the handling of delinquents and youth convicted of crime is urgently needed, so that greater emphasis can be placed upon the use of clinical and tested therapeutic procedures for the individuals who are now being handled by purely judicial procedures.

Full resources should be made available

When our programs start with individuals and are concentrated on persons in need of help, whatever their handicaps or failings or immediate needs, the full resources available for such individuals can be wisely and effectively utilized. In this connection it should be recognized that a family is likely to turn for help to the teacher, the public-health nurse, the home-economics demonstrator, the family doctor, the clergyman, or any other person with whom they happen to be in contact and ask for advice and help on a case

that is often far beyond the professional competence of the individual consulted. This points to the importance of giving to professionally trained individuals at least some orientation so that they will have sufficient knowledge of where to turn for help or where to refer the family for more specialized treatment and advice.

The formulation of a coherent program embracing all these different agencies and personnel is one of the major tasks of mental hygiene. It will be difficult to enlist the concurrence of the many private agencies until the Government organizations, Federal, State, and local, can come together and work out a better articulation of their programs and a clearer formulation of their aims and purposes.

We need a broad, national policy of conservation of childhood and youth in which mental health will be recognized as one of the objectives to be sought through a coordinated program embracing all the different professions, agencies, and organizations, public and private.

This statement of the joint committee, in the preliminary form in which it is being circulated for discussion and comment, was presented by Dr. Stevenson to the Executive Committee of the National Commission on Children in Wartime at its meeting on February 16 and 17, 1945, and served as the basis for its recommendation of a coordinated mental-hygiene program for children and youth as a subject for immediate intensive study.²

The newly established Mental Health Unit of the Children's Bureau is, simultaneously, seeking to obtain through the field consultants of the Bureau staff and through State departments of health and welfare factual information as to the extent and nature of mental-hygiene services now available for children throughout the country and also as to the most urgent needs in this field. This unit is also preparing material that emphasizes the need for broader understanding of mental-health needs and for establishment of mental-health services. The purpose of this material is to help in establishing well-rounded State programs for the mental health of children, through which all professions, agencies, and organizations, public and private, dealing with the mental health of children can contribute for the maximum benefit of all children in the State.

² Building the Future for Children and Youth; next steps proposed by the National Commission on Children in Wartime. Children's Bureau, 1945. 55 pp. Mimeographed.

NOTES

A brief history of developments in the application of psychiatry to children's problems, entitled, "Psychiatry for Children," by Lawson G. Lowrey, M. D., has been reprinted by the Children's Bureau from the November 1944 issue of the American Journal of Psychiatry, through the courtesy of Dr. Lowrey and the Journal. Single copies of the reprint may be had without charge by writing to the Children's Bureau, Washington 25, D. C.

Overcoming the anxieties and fears of children and their parents is the subject of a three-character dramatic sketch recently presented for the first time by the American Theater Wing at the regional meeting of the American Orthopsychiatric Association in New York. Except in New York, Philadelphia, and Washington, where the sketch is in the repertory of the local volunteer Wing group, scripts are available for amateur production. For further information write to the American Theater Wing, 730 Fifth Avenue, New York 19.

CHARACTER FORMATION THROUGH BOOKS: A BIBLIOGRAPHY; an application of bibliography to the behavior problems of childhood. Compiled by Clara J. Kircher. With an introduction by Dom Thomas Verner Moore. Catholic University of America, Washington 17, D. C. Second edition, 1945. 85 pp. \$1.

In the introduction to this list of children's books, classified according to a "character index," Dr. Moore, professor of psychology and psychiatry at the Catholic University of America, gives examples of ways in which he has used "bibliotherapy" in treating problem children at the university's child center, of which he is director.

Two ways are suggested in which the problem child can benefit from the reading of certain types of books: (1) He may "live out the hero's emotions" and thereby obtain some psychological relief for his own pent-up emotions, and (2) he may glean general principles governing conduct, ideals, and attitudes of mind that help him to gain a wholesome point of view and thereby help him to manage his difficulties more effectively.

The classification, or character index, uses such headings as "Resourcefulness," "Growing up," "Social understanding," and "Adjustment to handicaps." Each book is described as suitable for children of a certain school level, ranging from primary (grades 1 to 3) to high school, and each title is annotated. Books having some particular Catholic interest are indicated by an asterisk. The asterisk does not indicate necessarily that the author is a Catholic, nor that the book is so distinctly Catholic in tone that it cannot be used in a general library.

According to the preface by Miss Kircher, the 263 listed books were selected (out of 2,000 examined) not only for their contribution to character formation, but for readability and for attractiveness of content, style and format. Merit without obvious moralizing was also taken into account. The list includes some classics, but is made up primarily of current titles.

CHILD-GUIDANCE LEAFLETS. Series on eating. Prepared by the New York City Committee on Mental Hygiene and the Department of Health of New York City. Reprinted, by permission, by the Children's Bureau, U. S. Department of Labor, Washington 25, D. C. Sample sets and separate copies free upon request to the Children's Bureau. Larger quantities of the separate leaflets, \$1.50 per 100; order from Superintendent of Documents, Government Printing Office, Washington 25, D. C.

These leaflets on children's eating are planned for use in connection with child-health conferences. Some are planned for staff members; some, in attractive colors, for parents; some, for both staff members and parents. A note to staff members says: "All leaflets in this series that are to be given to parents should first be discussed with them by a competent staff member."

Suggestions intended to prevent the development of eating problems are given in a leaflet called, "Children's Eating Habits," for staff members, and in one called "Children Like To Eat," for parents.

With regard to children who have already developed eating problems the series includes a leaflet for staff members, "Eating Problems of Children," and one for parents, "If Your Child Does Not Eat Well."

Five leaflets for parents discuss various subjects connected with the baby's eating, such as bottle feeding, beginning to eat solids, teething time, getting to be a year old, and getting better after an illness.

Another leaflet, for both staff members and parents, summarizes a physician's experiments with permitting infants to select their own food. Two leaflets, for both staff and parents, present excerpts from Parents' Manual, by Anna W. M. Wolf, and from Feeding Our Old-Fashioned Children, by C. A. and Mary M. Aldrich. The last one presents an excerpt, called "Feeding Patterns in Infants," from Psychological Aspects of Pediatric Practice, by Benjamin Spock and Mabel Huschka.

BULLETINS OF THE ASSOCIATION FOR CHILDHOOD EDUCATION, 1201 Sixteenth Street NW., Washington 6.

Children's Books for Fifty Cents or Less, April 1944 (25 cents), by Dorothy K. Cadwallader, is an excellent annotated bibliography. It includes a number of little-known books for school-age children, as well as inexpensive editions of classics for children of all ages. Although it is indexed by subject matter, no attempt is made to give exact ages for which a book is suitable.

Discipline, an Interpretation, July 1944 (25 cents), and *Religion and the Child*, July 1944 (25 cents), reprint articles by child-development authorities from past issues of Childhood Education. The approach to discipline is far from the old habit-training conception, and the varying viewpoints presented are stimulating. Such problems as those of transition from submission to outside authority to control from within are discussed, as well as those of developing personal responsibility for the welfare of other people.

Religion and the Child is concerned with faith as a need of life and presents thoughtful articles on answering children's questions about God, helping children to share for the common good, and harmonizing religious beliefs with the rest of children's thinking about life and the universe.

YOUNG WORKERS IN WARTIME

1945 Legislative Notes

Even in the midst of war, this year some definite improvements have been made in State child-labor and compulsory school-attendance legislation.

Among the most important of the advances made thus far are acts affecting minimum age for employment in Maine, working hours of in-school employed youth in New York, and night work of minors in Rhode Island; workmen's compensation for illegally employed minors in Minnesota and New Jersey; and school attendance in Georgia, North Carolina, and Oregon.

Child labor

Maine has raised its minimum age from 14 to 15 for work at any time in any manufacturing or mechanical establishment, bowling alley, or pool-room, and has established a 15-year minimum for work at any time in laundries and bakeries. It has also raised from 14 to 15 the age at which a child of subnormal mental capacity may obtain a work permit. It has also established a minimum age of 18 for work in any capacity that is determined by the State Commissioner of Labor and Industry to be hazardous in manufacturing or mechanical establishments, laundries, or bakeries.

New York has established maximum hours for the employment of minors under 17 years of age attending full-time day school and working outside school hours. For children under 16 such work is limited to 3 hours on a school day and 23 hours in a school week; and for minors 16 years of age, it is limited to 4 hours on a school day and 28 hours in a school week. Farm labor is exempted from the restrictions for both age groups and the sale and distribution of newspapers are exempted from the restrictions for 16-year-olds.

This action in controlling hours of part-time work meets a grave need, emphasized by the large amount of part-time employment during the war, for lessening the fatigue and the interference with school work that result from long hours in combination with school. *New York* becomes the second State to control hours of part-time work for students 16 years old. *California* has for many years limited the combined hours of school and work of minors 16 and 17, as well as of those under 16.

Rhode Island, for the first time, limits night work of minors 16 and 17 years of age. The new act prohibits work between 11 p. m. and 6 a. m. for minors of these ages in any "factory, manufacturing, mechanical, business, or mercantile establishment."

Workmen's compensation

Minnesota has amended its workmen's compensation law so as to bring within the coverage of the act minors illegally employed; such minors, prior to this amendment, were excluded from benefits under the act.

New Jersey, in an amendment to its workmen's compensation act, has raised from 16 to 18 the age under which double compensation is paid in case of injury to minors employed without a certificate or employed in a prohibited occupation.

Compulsory school attendance

Georgia has adopted a new compulsory school-attendance law, requiring children between 7 and 16 years of age, instead of between 8 and 14, to attend school, thus extending by 3 years the period of required attendance. Only those who have completed all the high-school grades, or who are mentally or physically incapacitated, or who are excused in accordance with regulations of the State board of education, are exempted. Under this act children are required to attend school 175 days or for the full term, instead of only 120 days as formerly. Enforcement provisions are also strengthened by the new act.

North Carolina has improved its compulsory school-attendance law, raising the upper age for required attendance from 14 to 15 beginning July 1, 1945, and to 16 beginning July 1, 1946, thus bringing school-attendance requirements into agreement with its 16-year minimum age for employment.

Oregon strengthened its compulsory school-attendance law by lowering the beginning age for required attendance from 8 years to 7 and by narrowing the application of the exemptions under which certain children are not required to attend school.

POSTWAR EDUCATION FOR YOUNG WORKERS

Outlined by New York Adult Education Council

The postwar educational needs of young workers who left school prematurely during the war and of certain other groups are considered by the New York Adult Education Council in a report, "Postwar Adult Education in New York City" (1944; 10 pp; mimeographed).

For young people who have left school to go to work the report recommends counseling services and a choice of apprenticeship training, short vocational retraining, or resumption of general education. The report points out that these young workers will not be willing to return to conventional high school as adolescents. They must be treated as young adults.

With regard to the reeducation of veterans the report endorses the Federal reeducation plan, with

the comment that many veterans, already highly trained in specialized skills, will have especial need for reorientation to civilian life through liberal education. Other groups considered are war workers shifting to civilian industry and members of the general adult population whose lives have been dislocated by the war.

The report calls attention to the technical institutes contemplated by the Board of Regents of the State of New York, which will accommodate limited numbers of high-school graduates, and expresses the hope that their programs will combine both general and technical education. It also recommends immediate steps which the city Board of Education might take to ensure an educational framework allowing sufficient post-war expansion.

NOTES

National Farm Safety Week will be observed during the week of July 22-28. The theme of this year's campaign will be a basic three-point formula for the avoidance of accidents: (1) Learn to recognize hazards; (2) eliminate as many hazards as possible; and (3) act so as not to be hurt by the remaining hazards. For further information write to National Safety Council, 20 North Wacker Drive, Chicago 6.

THE CASE FOR 16-YEAR EMPLOYMENT LAWS. Publication No. 392. National Child Labor Committee, 419 Fourth Avenue, New York 16, N. Y. February, 1945. 8 pp.

After the passage of the Fair Labor Standards Act of 1938, with its 16-year minimum age for interstate-commerce industries, says this publication of the National Child Labor Committee, the impression was general that child labor was a thing of the past. Since 1940, however, it has been made clear that when jobs are plentiful hundreds of thousands of 14- and 15-year-old children can and do leave school for work. Nevertheless, the rapid increase in the number of working children of these ages came as a surprise to many people who were not aware that State compulsory-attendance laws are still full of exceptions that permit full-time employment of children under 16. Some examples of these exceptions are given, which, according to the commit-

tee's statement turn any map showing age limits set by compulsory-attendance laws into an incomprehensible checkerboard.

Can we afford to go on considering our children expendable? asks the committee. Or are we going to see to it that standards are raised and exemptions taken out of employment and out of compulsory-attendance laws, so as to provide a basic minimum education to the age of 16?

Opinion and activity, the committee points out, are being mobilized in support of campaigns to raise the minimum age in State child-labor laws from 14 to 16 years for all employment during school hours and for factory employment at any time. Local groups are already at work in some of the 35 States whose laws have permitted children under 16 to leave school for wartime employment in steadily mounting numbers, the publication goes on to say, and many national agencies that cooperated in the Go-to-School drive are urging their local branches to take an active part in supporting 16-year bills.

"Democracy, more than any other form of government, requires educated citizens," the committee's statement continues. "The casualties among young men on the fighting fronts, plus the casualties on the home front of children whose education has been broken off for work, will leave the country badly handicapped in taking its place of leadership in the post-war world. It will be reckless indeed not to increase the educational equipment of the young people still in school, on whom the responsibilities for intelligent democratic action will fall."

The increased complexity of modern life requires education broader in scope for a longer period of years than was needed when our economy was primarily rural.--National Resources Planning Board.

THE WORLD'S CHILDREN

VENEZUELA

Pamphlet for Rural Government Physicians

A pamphlet entitled, "The Work of the Rural Physician in the Children's Field," has been written by Dr. Pastor Oropeza, Medical Chief of the Bureau of Maternal and Child Health in the Ministry of Health and Social Welfare of Venezuela, to assist Government physicians in rural districts.¹

The most important duty of the rural physician, according to Dr. Pastor Oropeza, is to provide prenatal services and to take measures for attracting to the local clinic the largest possible number of expectant mothers. Special attention is to be given to syphilis in expectant mothers, and detailed methods for the diagnosis and treatment of this disease are set forth in the pamphlet.

The rural physician is urged to keep a complete record of the births and the maternal and infant deaths in his locality and to educate the people in the importance of birth registration, which at present is compulsory only in a few cities of Venezuela.

One of the duties of the rural physician is to supervise nongraduate midwives; these midwives, after receiving a specified amount of training, are authorized by the Government to practice in normal cases in his district.

One of the directions given the physician is that children born to tuberculous mothers are to be separated from them and placed in foster-family homes.

Instructions are given for the conduct of well-baby clinics.

The pamphlet defines a well baby, discusses child development, describes methods of caring for the baby and the young child, and concludes with a chapter on the sick child.

Besides being head of the Bureau of Maternal and Child Health, Dr. Oropeza is Professor of Pediatrics at the Central University of Venezuela, Caracas. He is also President of the Venezuelan Council of the Child, an official agency, which is responsible for the coordination and supervision of public and private welfare work for mothers and children and for standardization of methods of carrying on this work, as well as for investigation of subjects relating to children.

¹ Dr. Pastor Oropeza: *El Trabajo de un Médico Rural frente al Problema del Niño*, Universidad Central de Venezuela, Caracas, 1945, 112 pp.

Dr. Oropeza is one of the two official representatives of Venezuela at the International Council of the American International Institute for the Protection of Childhood, which is located at Montevideo, Uruguay. He was chairman of the delegation from Venezuela to the Eighth Pan American Congress, held at Washington in 1942.

SOVIET RUSSIA

Work of Government Pediatric Institute

Prevention of disease in children is the main purpose of Soviet Russia's Central Scientific Research Institute of Pediatrics, Moscow, which is a unit of the People's Commissariat of Health, U.S.S.R. Secondary emphasis is on improvement of diagnosis and of the treatment of sick children. The Institute, formerly known as the Central Institute of Mother and Child, is part of Soviet Russia's organized effort for the health of mothers and children, which includes also another central research institute in Moscow—the Institute of Obstetrics and Gynecology—and a system throughout the country of Government-supervised children's hospitals, lying-in hospitals, consultation centers, polyclinics, day nurseries, milk kitchens, infant homes, and children's sanatoriums.

Among the subjects studied by the Institute are the physiologic responses of children of different age groups, child feeding and development, organization of children's institutions, methods of parent instruction, and questions of social legislation.

Besides research, the Institute conducts postgraduate courses for physicians who wish to specialize and for other personnel.

Since the founding of the Institute, reduction of infant mortality in Soviet Russia has been one of its concerns, and for this purpose it has done much educational work with regard to breast feeding and general infant hygiene. In spite of wartime difficulties infant mortality has been reduced during the war years.

For a number of years the Institute has been studying methods of preventing measles, and it is of interest to note that in the war years there has been a reduction of one-fifth in the number of cases of measles. Similar work is now being conducted on whooping cough.

Investigations with regard to the nervous system of children under 3 years of age, especially in connection with speech and with sleep and wake-

fulness, are among the Institute's studies of child behavior.

The publications of the Institute include popular bulletins for parents, as well as textbooks and other scientific material on child hygiene and education, among which is a widely used textbook on pediatrics. Some of the Institute's published material is planned to aid in the organization of day-nursery work, children's consultation centers, infant homes, and so forth.

The war has of course somewhat changed the program of the Institute, as it has given rise to a number of problems requiring immediate solution, such as the protection of children during air raids.

The effects of wartime conditions upon children's physical development and upon sickness and mortality among children, especially among premature infants, are being studied by the Institute. Special attention is being given in the Institute's psychiatric clinic to wartime emotional disturbances in children.

One of the most pressing problems has been the organization of orphanages under wartime conditions, especially during the evacuation of cities. The program during the current year is giving attention to the organization of such institutions in the areas liberated from the Germans as well as to questions of legislation arising from the large number of children who have been orphaned. The Institute is in fact the center for the planning and construction of children's institutions, and through its different departments is in charge of furnishing and equipping these institutions as well as providing food and clothing to them. It also offers consultation to workers in children's institutions in the provinces, who frequently apply for advice, either in person or in writing. A special office of the Institute sends out written instructions and information.

At present the Institute is actively directing the restoration of the system of children's institutions in the Ukraine, Byelo-Russia, Latvia, Estonia, Moldavia, and other Soviet republics. The institutions that the Germans burned and plundered are already being rebuilt by the local health departments. In Kiev, Kharkov, and Minsk local maternal and child-welfare institutes have resumed their work and are aiding in this restoration. One of the first steps taken by the health authorities after the enemy is dislodged is to reopen hospitals, clinics, and other health services for children, and today many nurseries, consultation centers, and milk kitchens are functioning in the liberated districts.

The eastern and southern republics of the U.S.S.R., which suffered less than the occupied areas, have undertaken to send aid, and the whole country is making a united effort to rehabilitate

children's institutions throughout the territory liberated from the enemy.

—Briefed from "Soviet Child Care in Wartime," by Dr. V. Ubarovskaya, *Soviet Russia Today*, March 1945.

GREAT BRITAIN

School Medical Services

Since April 1, under the provisions of the new education bill, comprehensive facilities for free medical treatment—other than that given in the home—are available for children attending all primary and secondary schools maintained by public funds. At present the administration of this provision is in the hands of local authorities until such time as the National Health Service begins to function. Under wartime conditions this service is necessarily limited. Local authorities are advised by the Minister of Health to concentrate on developing clinic facilities for the present. The school medical service covers treatment of minor ailments, diseases of the ear, nose, and throat and defective hearing, diseases of the eye and defective vision, orthopedic and dental treatment, child guidance, speech therapy, and the treatment of rheumatism. In rural areas school authorities may arrange with general practitioners for the treatment of pupils referred to them by medical officers. The enlargement of these services will follow the peace as soon as personnel is available.

—*British Information Services: Information Division Circular, No. 63, April 18, 1945.* (Ministry of Education release.)

ARGENTINA

Reorganization of the National Bureau of Public Health

With the aim of greater protection of the people's health a reorganization of Argentina's National Bureau of Public Health was decreed in December 1944. This decree extended the Bureau's activities to the entire country, instead of only to certain localities as heretofore.

Among the Bureau's duties the decree mentions the following: (1) Enforcement of laws for the protection of health; (2) introduction of periodic medical examinations, which under the above decree are to become compulsory for the entire population of the country; (3) organization and direction of a nation-wide system of registration of vital statistics; (4) study and improvement of nutrition; (5) medical and social measures in the field of maternal and child health; and (6) distribution of Government funds to the provincial health authorities.

These requirements may be carried out either

directly by the Bureau or through the local authorities.

The Bureau is to be maintained by annual appropriations from the national treasury and by the proceeds from specified fines. The use of private gifts is allowed.

The decree required the Bureau to submit, within 30 days, for the approval of the Federal Government, plans for the conduct of the compulsory periodic medical examinations.

Informaciones Argentinas, Buenos Aires, December 1944.

AMERICAN JUNIOR RED CROSS

National Children's Fund

More than 18,000,000 boys and girls, members of the American Junior Red Cross, are helping boys and girls in the war-ravaged countries by contributing to the National Children's Fund and by filling gift boxes with school supplies such as paper, pencils, crayons, and paints. Members of the Junior Red Cross have maintained the National Children's Fund for the last quarter of a century through voluntary contributions in an effort to meet emergency needs of children throughout the world.

After bombings in England in 1940, the American Junior Red Cross appropriated approximately \$91,000 to help establish 35 nurseries and 4 convalescent homes for young war victims. These homes later were taken over by the British Ministry of Health. However, Beech Hill, a convalescent nursery established more recently for sick and injured children, is still financed by the National Children's Fund.

Clothing, books, hard candy, and gift boxes have been sent to British and refugee children in England. At present members of the American Junior Red Cross are making stuffed soft toys for tiny residents of war nurseries, where toys are unavailable.

Two thousand medical kits are being shipped to France and 500 to Belgium for distribution in schools and institutions for children by the national Junior Red Cross of those countries. These kits, suggested by the International Red Cross and the League of Red Cross Societies, and approved by medical authority, were purchased by the National Children's Fund at a cost of approximately \$35 a unit. Requests have been received and plans made to purchase 1,000 additional kits for Norway, 1,000 for Italy, 1,000 for Greece and 1,000 for Yugoslavia.

Since the beginning of World War II, approximately \$650,000 has been given for relief projects aiding children of Great Britain, Russia, China,

Greece, France, North Africa, Iceland, Poland, Yugoslavia, Finland, Italy, the Philippines, and islands in the South Pacific.

On account of present conditions youngsters in Latin-American and other countries who usually receive gift boxes have agreed that this year all boxes shall go to liberated Europe.

BRAZIL

Foster-Family Care for Children

The city of Santo Amaro, in the State of Bahia, Brazil, has a "center for foster-family placement": that is, a number of private families, that can accommodate a total of 30 children. The Office of Prenatal and Child Hygiene of the State of Bahia, which established the center in 1943, finances it and is responsible for its technical direction. The administrative work is done by the local "league against infant mortality"; this league also provides medical care for the children who are placed. A social worker is employed by the State to visit the foster homes and report upon the care of the children.

Placement in foster families in the State of Bahia is done mostly in cases of desertion, neglect, illegitimacy, or tuberculosis of the mother. To prevent separation of children from their own parents on account of poverty, public aid is provided to destitute families under a decree issued by the State in 1941; under this decree the State also regulates the placement of children and pays for their care in foster-family homes. Brothers and sisters are placed together; other children are placed one in a family. The responsibility for placement rests with the State Office of Prenatal and Child Hygiene.

Pediatria e Puericultura, Bahia, Brazil, 1944, No. 3-4.

PERU

Maternal and Child-Health Services in Rural Districts

The first of a proposed series of maternal and child-health stations in the rural districts of Peru recently began to function in the town of Tingo Maria. The staff of the station consists of a graduate child-health worker, a midwife, and two assistants. Their work is chiefly educational, and most of it is done through visits to the homes of the rural workers. The child-health worker and the midwife instruct the women in prenatal and infant care, in general hygiene, and in ways of improving their families' living conditions.

Noticario del Instituto Internacional Americano de Protección a la Infancia, Montevideo, February 1945.

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Social Statistics

Supplement to Vol. 9, No. 12 (June 1945) of THE CHILD

Changes in Volume of Foster Care, 1933-43

Juvenile-Court Statistics, 1943



UNITED STATES DEPARTMENT OF LABOR

FRANCES PERKINS, SECRETARY

CHILDREN'S BUREAU

KATHARINE F. LENROOT, CHIEF

Changes in Volume of Foster Care

1933 - 1943 ¹

The most significant quantitative changes between 1933 and 1943 in foster care were the increases in the number of children served by public as compared with private agencies and in the number of children cared for in foster-family homes as compared with institutions. ²

Some of the basic reasons for these changes may be found in the wider acceptance of the two principles (1) that the foundation of all child welfare is the preservation of family life and (2) that for any satisfactory provision of welfare services to children, governmental responsibility at the Federal, State, and local levels must be accepted on a permanent rather than on an emergency basis. The Social Security Act, passed in 1935, is a concrete expression of these two principles. Among other provisions for child welfare, this act includes public-assistance grants to children in their own homes, survivors benefits to children, services for crippled children, and child-welfare services. The Social Security Act not only has strengthened public services to children in their own homes but also, by

stimulating State agencies to provide well-rounded child-welfare programs and assisting them in obtaining qualified personnel, has encouraged greater use of foster-family home care for children needing care away from their own homes.

SCOPE AND METHOD OF STUDY

The most recent Federal census of dependent and neglected children receiving foster care from public and private agencies was taken in 1933. ³ Because of the pressure of war conditions, a similar census was not undertaken in 1943. However, it was known that a number of State departments of public welfare had for several years been collecting statistics on children receiving welfare services from public and private agencies, and the Children's Bureau requested

³ The findings of this census were reported by the Bureau of the Census in a bulletin entitled, "Children Under Institutional Care and in Foster Homes, 1933." (Washington, 125 pp.) The figures in this Bureau of the Census bulletin include data from State, county, and municipal welfare departments; fraternal, religious, and other private agencies engaged in child placing or in providing institutional care of children; child-placing departments of juvenile courts and juvenile-court detention homes giving care of more than 60 days' duration to dependent and neglected children; maternity homes that accepted children for placement and institutional care; and schools that provided care to dependent or neglected children. The Bureau of the Census bulletin does not include data from institutions for delinquent children, organizations caring primarily for the physically or mentally handicapped (blind, deaf-mute, or crippled children), or day nurseries giving only daytime care. Likewise, the Census bulletin does not include children in foster homes not under the care of any agency.

¹ Report prepared by J. S. Fuerst, Social Statistics Section, Division of Statistical Research.

² In this report agencies are classified as public or private according to the nature of the governing body responsible for the policies and administration of the agency's program, not by the source of funds used by the agency. A public agency is any agency that represents local, State, or Federal government; a private agency is one that represents a nonprofit association or other voluntary group.

the States that had already tabulated such statistics to provide them for this study.

Twenty-seven States and the District of Columbia,⁴ representing nearly 65 percent of the population of the United States under 21 years of age, were able to furnish data on dependent and neglected children in foster care served by public and private agencies on December 31, 1943. Some of these States furnished complete data, actual or estimated. Other States furnished data that were fairly complete, and for each of these States the Children's Bureau supplemented the data by estimates based on similar information for an earlier date from the annual report of the State department of welfare and on a special report on institutional population previously submitted by the State.

The statistics in the 1933 Census report and those presented in this report provide a good indication of the number of children served in 1933 and 1943 under the foster-care program in each of the 28 States. Nevertheless, inasmuch as the 1943 data were obtained entirely from State departments of welfare, in some States it was not possible to obtain complete information on children served under the jurisdiction of other administrative bodies. For example, children served in institutions for delinquent children are uniformly excluded from this report even though it is known that a small number of dependent children receive care in these institutions.

⁴ Hereafter referred to in the text as 28 States.

Although an attempt was made to obtain the same coverage in the 1943 reports from the States as in the 1933 census, several changes were unavoidable because of the method of obtaining the data. Inasmuch as reports on children served by child-placing departments of juvenile courts usually are not obtained by State departments of welfare, such children are not included in the 1943 reports. Similarly, dependent or neglected children receiving service from schools (for example, schools for Indian children) are excluded from the 1943 data because these schools are considered by most States as primarily educational rather than child-caring institutions. Where figures for selected types of agencies were excluded from the 1943 data, similar exclusions were made from the 1933 data for the purpose of comparability. Therefore the statistics shown in this report for 1933 differ in some respects from those shown in the Census bulletin for the same year.

ESTIMATE OF NUMBER OF CHILDREN RECEIVING FOSTER CARE IN THE UNITED STATES, 1943

The 28 States for which data are available may be considered fairly representative of the United States as a whole with regard to the provision of foster care to dependent and neglected children. The number of such children in the 28 States at the time of the last Nation-wide count, in 1933, was 75 percent of the number in foster care in the United States, and the distribution of these children in the 28 States

by type of care and by auspices under which care was provided approximated the distribution for the United States. Although the rate and direction of the development of child-welfare provisions have varied considerably from State to State, the over-all changes between 1933 and 1943 in these 28 States reflect reasonably well the changes that have taken place in the country as a whole.

Available data for the 28 reporting States indicate that in these States nearly 169,000 children were receiving foster care from public and private agencies on December 31, 1943. From this information it is estimated that on the same date the number of children receiving such care in the United States was about 225,000. Of these, approximately 122,000 children were in foster-family homes and 103,000 were in in-

stitutions; 81,000 were under the care of public agencies and 144,000 under the care of private agencies.⁵

CHILDREN RECEIVING FOSTER CARE IN 28 STATES

A net decrease of 9,479 (5 percent) between 1933 and 1943 in the number of children receiving care away from their own homes (table 1) was accompanied by considerable variation in the extent, nature, and direction of the changes in the individual States.

The number of such children increased in 16 States and decreased in 12 (table 2). The largest decreases in the number of children occurred in general in States that had relatively extensive child-welfare programs under private auspices in

⁵ Because of the adjustments discussed in the preceding section these estimated totals cannot be compared directly with the totals shown in the 1933 census report.

TABLE 1.—DEPENDENT AND NEGLECTED CHILDREN RECEIVING FOSTER CARE FROM PUBLIC OR PRIVATE AGENCIES, BY AGENCY AUSPICES AND TYPE OF CARE, DECEMBER 31, 1933 AND 1943; 27 STATES AND THE DISTRICT OF COLUMBIA ^a

Type of care and agency auspices	1943		1933		Percent change, 1933-1943
	Number	Percent	Number	Percent	
Total.....	168,633	100	178,112	100	-5
Public.....	61,164	36	44,864	25	+36
Private.....	107,469	64	133,248	75	-19
In foster-family homes.....	91,558	54	76,423	43	+20
Public.....	51,182	30	30,168	17	+70
Private.....	40,376	24	46,255	26	-13
In institutions.....	77,075	46	101,689	57	-24
Public.....	9,982	6	14,696	8	-32
Private.....	67,093	40	86,993	49	-23

^a The figures for some of the States have been estimated by the Children's Bureau.

1933; for example, Illinois, Maryland, Missouri, New York, Ohio, Pennsylvania, and Rhode Island. In these 7 States the total number of children in institutions declined by 20,000; the total number in foster-family homes remained approximately the same. It may be noted that although in 1933 the children in foster care in these 7 States comprised 68 percent of all the children in foster care, in the 28 States reporting the proportion had dropped to 60 percent in 1943.

Auspices of Care.

From 1933 to 1943 the total number of children cared for under public auspices in the 28 States reporting increased 36 percent, and the number cared for under private auspices declined 19 percent (table 2). In 1933 less than 45,000 children, or 25 percent of all the children in foster care in these States, were being served under public auspices. By 1943 this number had increased to more than 61,000, or 36 percent of all the children in foster care. That

TABLE 2.—DEPENDENT AND NEGLECTED CHILDREN RECEIVING FOSTER CARE FROM PUBLIC AND PRIVATE AGENCIES, BY AGENCY AUSPICES AND STATE, DECEMBER 31, 1933 AND 1943; 27 STATES AND THE DISTRICT OF COLUMBIA^a

State	Total			Public			Private		
	1943	1933	Percent change, 1933-1943	1943	1933	Percent change, 1933-1943	1943	1933	Percent change, 1933-1943
Total.....	168,633	178,112	- 5	61,164	44,864	+ 36	107,469	133,248	- 19
Alabama.....	2,133	1,859	+ 15	1,130	546	+ 107	1,003	1,313	- 24
Connecticut.....	6,669	5,073	+ 31	4,100	2,217	+ 85	2,569	2,856	- 10
Delaware.....	818	568	+ 44	321	-----	-----	497	568	- 13
District of Columbia.....	1,891	1,928	- 2	1,176	1,041	+ 13	715	887	- 19
Georgia.....	2,349	2,072	+ 13	505	-----	-----	1,844	2,072	- 11
Idaho.....	290	339	- 15	53	-----	-----	237	339	- 30
Illinois.....	13,826	14,794	- 7	2,109	981	+ 115	11,717	13,813	- 13
Indiana.....	7,712	7,876	- 2	5,927	4,909	+ 21	1,785	2,967	- 40
Iowa.....	3,484	2,961	+ 18	1,355	1,793	- 24	2,129	1,168	+ 82
Maryland.....	2,979	4,194	- 29	1,127	164	+ 587	1,852	4,030	- 54
Michigan.....	6,709	6,499	+ 3	1,255	1,023	+ 23	5,454	5,476	(b)
Minnesota.....	5,784	5,018	+ 15	3,375	2,479	+ 36	2,409	2,539	- 5
Mississippi.....	961	1,238	- 22	38	-----	-----	923	1,238	- 25
Missouri.....	5,123	5,517	- 7	1,744	723	+ 141	3,379	4,794	- 30
Nebraska.....	2,262	1,612	+ 40	516	357	+ 45	1,746	1,255	+ 39
Nevada.....	90	89	(c)	90	89	(c)	-----	-----	-----
New Hampshire.....	2,155	1,381	+ 56	978	165	+ 493	1,177	1,216	- 3
New Jersey.....	8,803	7,252	+ 21	5,353	3,371	+ 59	3,450	3,881	- 11
New York ^d	38,706	47,937	- 19	10,183	8,168	+ 25	28,523	39,769	- 28
North Dakota.....	640	335	- 91	172	-----	-----	468	335	+ 40
Ohio.....	16,006	18,748	- 15	9,310	10,174	- 8	6,696	8,574	- 22
Oklahoma.....	2,518	2,462	+ 2	939	1,163	- 19	1,579	1,299	+ 22
Oregon.....	1,570	1,420	+ 11	598	139	+ 330	972	1,281	- 24
Pennsylvania.....	23,054	27,393	- 16	2,515	1,791	+ 40	20,539	25,602	- 20
Rhode Island.....	1,918	2,445	- 22	1,015	1,238	- 18	903	1,207	- 25
Washington.....	3,092	1,857	+ 67	1,487	-----	-----	1,605	1,857	- 14
Wisconsin.....	6,822	4,927	+ 38	3,650	2,170	+ 68	3,172	2,757	+ 15
Wyoming.....	269	318	- 15	143	163	- 12	126	155	- 19

^a The figures for some of the States have been estimated by the Children's Bureau.

^b Decrease less than 0.5 percent.

^c Change not computed; 1933 figure less than 100.

^d Figures for New York include approximately 75 children served in foster-family homes by juvenile courts in 1943 and a similar number in 1933.

the role of public agencies in the provision of foster care has steadily increased throughout the 1933-1943 period has been indicated in Children's Bureau reports on services to children in urban areas.⁶

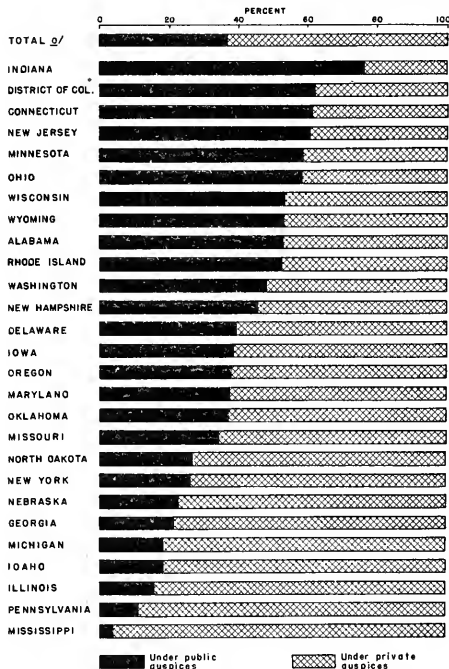
Between 1933 and 1943 the number of children in foster care who were served by public agencies increased in all but 5 of the 28 States reporting;⁷ and in 6 of these States by more than 100 percent.⁸ In 1933 in 6 of the 28 States⁹ no children were receiving foster care from public agencies. By 1943 some public foster-care service was available in each of the 28 States, and about 30 percent of all the children in foster care in these 6 States were served by public agencies. Much variation from State to State in the proportion of all children in foster care under public auspices was evident in 1943. In 7 States this proportion was less than 25 percent; in 10 States it was more than 50 percent (fig. 1).

Twenty-six thousand fewer children received service from private agencies in 1943 than in 1933. A decline occurred in 22 States, varying from less than one-half of one percent in Michigan to 54 percent in Maryland.

As is shown in table 2, the absolute number of children served by private agencies increased in 5 States, although in 3 of these the proportion of children served under private auspices declined because of the greatly expanded public programs.

In 1933 a large number of children supported by public funds were reported as cared for by private agencies; data for 1943 on this point are not available. The increase between 1933 and 1943, however, in the number of children served by

FIG. 1—DEPENDENT AND NEGLECTED CHILDREN RECEIVING FOSTER CARE FROM PUBLIC AND PRIVATE AGENCIES, DECEMBER 31, 1943, BY AGENCY AUSPICES AND STATE; 27 STATES AND THE DISTRICT OF COLUMBIA



g/ Includes Nevada, which is not shown separately because the total number of children receiving foster care was less than 100. Ninety children were receiving such care, all under public auspices.

⁶ U. S. Department of Labor, Children's Bureau: Social Statistics Supplements to *The Child*, January 1937, pp. 3-8; March 1938, pp. 3-19; December 1940, pp. 11-23; March-June 1942, pp. 9-11; October 1944, pp. 4-8.

⁷ Iowa, Ohio, Oklahoma, Rhode Island, and Wyoming.

⁸ Alabama, Illinois, Maryland, Missouri, New Hampshire, and Oregon.

⁹ Delaware, Georgia, Idaho, Mississippi, North Dakota, and Washington.

public agencies and the decrease in the number served by private agencies suggest that the use of public funds for children under the care of private agencies became less frequent during this period.¹⁰

¹⁰ Analysis of expenditures for protective and foster care in 1940 and 1942 in 30 urban areas indicates that between these 2 years the use of public funds for children under care of private agencies declined. See tables 1 and 2 of Children's Bureau Pub. No. 302, *Community Health and Welfare Expenditures in Wartime 1940 and 1942—*

Type of Care.

Foster-family care.—The decade from 1933 to 1943 saw a wide-spread development in provisions for public welfare, including public child-welfare services, and many communities that had been without any adequate foster-family-care program were unable to develop such programs. Twenty percent more children were in foster-

30 urban areas, by Edward E. Schwartz and Eloise R. Sherman, (Washington 1944). These tables show, nevertheless, that in 1942 a considerable amount of public funds for the care of children were still being provided to private agencies.

TABLE 3.—DEPENDENT AND NEGLECTED CHILDREN RECEIVING CARE IN FOSTER-FAMILY HOMES FROM PUBLIC AND PRIVATE AGENCIES, BY AGENCY AUSPICES AND STATE, DECEMBER 31, 1933 AND 1943; 27 STATES AND THE DISTRICT OF COLUMBIA^a

State	Total			Public			Private		
	1943	1933	Percent change, 1933-1943	1943	1933	Percent change, 1933-1943	1943	1933	Percent change, 1933-1943
Total.....	91,558	76,423	+ 20	51,182	30,168	+ 70	40,376	46,255	- 13
Alabama.....	1,182	679	+ 74	1,055	545	+ 94	127	134	- 5
Connecticut.....	4,531	2,562	+ 77	3,558	1,396	+ 155	973	1,166	- 17
Delaware.....	518	334	+ 55	321	-----	-----	197	334	- 41
District of Columbia.....	1,210	1,014	+ 19	1,038	956	+ 9	172	58	(b)
Georgia.....	726	299	+ 143	505	-----	-----	221	299	- 26
Idaho.....	126	171	- 26	53	-----	-----	73	171	- 57
Illinois.....	6,082	4,631	+ 31	1,800	254	+ 609	4,282	4,377	- 2
Indiana.....	4,835	3,059	+ 58	4,635	2,962	+ 56	200	97	(b)
Iowa.....	1,581	949	+ 67	771	747	+ 3	810	202	+ 301
Maryland.....	1,803	1,911	- 6	1,127	150	+ 651	676	1,761	- 62
Michigan.....	4,495	3,796	+ 18	1,242	800	+ 55	3,253	2,996	+ 9
Minnesota.....	4,597	3,455	+ 33	3,160	2,006	+ 58	1,437	1,449	- 1
Mississippi.....	434	693	- 37	38	-----	-----	396	693	- 43
Missouri.....	2,594	1,763	+ 47	1,507	441	+ 242	1,087	1,322	- 18
Nebraska.....	791	520	+ 52	381	245	+ 56	410	275	+ 49
Nevada.....	40	-----	-----	40	-----	-----	-----	-----	-----
New Hampshire.....	1,128	413	+ 173	978	165	+ 493	150	248	- 40
New Jersey.....	6,265	4,166	+ 50	5,289	3,338	+ 58	976	828	+ 18
New York.....	22,175	22,702	- 2	9,986	7,939	+ 26	12,189	14,763	- 17
North Dakota.....	453	198	+ 129	172	-----	-----	281	198	+ 42
Ohio.....	7,646	7,855	- 3	5,206	4,715	+ 10	2,440	3,140	- 22
Oklahoma.....	459	243	+ 89	358	200	+ 79	101	43	+ 135
Oregon.....	920	618	+ 49	598	139	+ 330	322	479	- 33
Pennsylvania.....	9,397	10,469	- 10	1,958	956	+ 105	7,439	9,513	- 22
Rhode Island.....	1,150	1,216	- 5	884	925	- 4	266	291	- 9
Washington.....	1,884	451	+ 318	1,487	-----	-----	397	451	- 12
Wisconsin.....	4,430	2,073	+ 114	2,942	1,171	+ 151	1,488	902	+ 65
Wyoming.....	106	183	- 42	93	118	- 21	13	65	- 80

^a The figures for some of the States have been estimated by the Children's Bureau.

^b Change not computed; 1933 figure less than 100.

^c Figures for New York include approximately 75 children served in foster-family homes by juvenile courts in 1943 and a similar number in 1933.

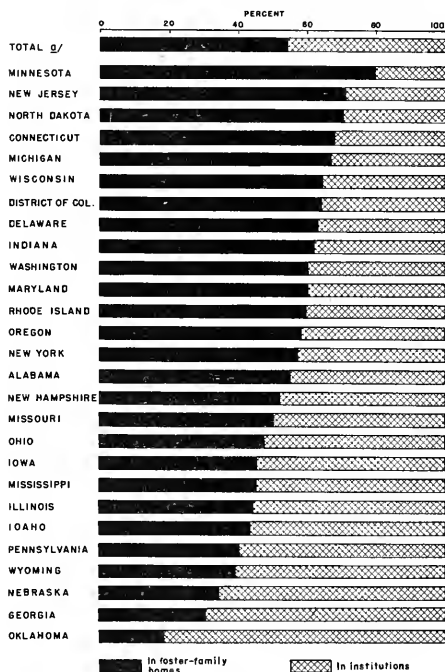
family homes in 1943 than in 1933—91,558 children as compared with 76,423 (table 3). The number of children served in foster-family homes under public auspices increased 70 percent, and the number served in such homes under private auspices decreased 13 percent. However, the proportion of all the children served in foster care by private agencies who were in foster-family homes increased between 1933 and 1943.

The number of children in foster-family homes increased in all but 8 of the reporting States.¹¹ In all but 2 States (Rhode Island and Wyoming) the number in such homes under public auspices increased. In 1943 the number of children receiving foster-family care in the 28 States constituted 54 percent of all the children receiving foster care as compared with only 43 percent in 1933. Marked differences were evident among the States in 1943 in the proportion of children receiving foster-family care. This proportion ranged from 18 percent in Oklahoma to 79 percent in Minnesota. In each of 11 States less than 50 percent of all children in foster care were served in foster-family homes (fig. 2). Data from previous Children's Bureau reports¹² on children in urban areas, together with data presented here for 1933 and 1943, indicate some continuity in the trend from institutional to

foster-family care of children. Reports of the effect of the war on child-welfare programs, however, indicate that this trend in the Nation and in individual States has not been unbroken.

An important element in the more extensive use of foster-family homes is the increase that took place in the use of boarding homes. In 1943 these homes were used for three times as many children as free homes or work or wage homes (table 4). In the 19 States for which data are available on the type of foster-family care the

FIG. 2 - DEPENDENT AND NEGLECTED CHILDREN RECEIVING FOSTER CARE FROM PUBLIC AND PRIVATE AGENCIES, DECEMBER 31, 1943, BY TYPE OF CARE AND STATE, 27 STATES AND THE DISTRICT OF COLUMBIA



27/ Includes Nevada, which is not shown separately because the total number of children receiving foster care was less than 100. Ninety children were receiving such care, 40 in foster-family homes and 50 in institutions.

¹¹ Idaho, Maryland, Mississippi, New York, Ohio, Pennsylvania, Rhode Island, and Wyoming.

¹² See footnote 6.

number of children in boarding homes increased 33 percent between 1933 and 1943. The decrease shown in the table in the use of free homes in all but 4 States¹³ conceals a small but significant increase in children served in adoptive homes by public agencies, which was due to the added responsibilities of departments of welfare with regard to children placed for adoption. Although the number of children in work or wage homes increased, the number of children served in these homes was very small in most of the 19 States reporting the type of foster-family care provided. The number of children in work or wage homes increased materially in only 5 States.¹⁴ It seems likely that this increase was a by-product of the heightened labor demand, which afforded more opportunities for the placement of girls as helpers in the home and of boys as helpers on the farm.

¹³ Alabama, District of Columbia, Georgia, and North Dakota.

¹⁴ Indiana, Maryland, Minnesota, New York, and Ohio.

In general, the increase in foster-family care reflects more general acceptance of the principle that for most children such care is the most satisfactory substitute for care in their own homes. It may be attributed in part also to the utilization of foster-family care in the treatment of delinquent, crippled, or mentally handicapped children.

Although the rate of increase in foster-family home care may have been checked somewhat by war conditions, it is still too early to regard this as a reversal, inasmuch as basic changes wrought by the war in the nature of welfare services to children may not be apparent for several years. One factor retarding the increase in foster-family care has been the increased labor demand, which has caused many actual and potential foster mothers to go into industry; this has resulted, in many communities, in a lack of foster-family homes. Another important factor has been the difficulty experienced by welfare agencies

TABLE 4.—DEPENDENT AND NEGLECTED CHILDREN RECEIVING CARE IN FOSTER-FAMILY HOMES FROM PUBLIC AND PRIVATE AGENCIES, BY TYPE OF FOSTER-FAMILY HOME, DECEMBER 31, 1933 AND 1943; 18 STATES AND THE DISTRICT OF COLUMBIA^a

Type of foster-family home	1943		1933		Percent change, 1933-1943
	Number	Percent	Number	Percent	
Total.....	60,356	100	52,641	100	+ 15
Boarding.....	45,129	75	34,047	65	+ 33
Free ^b	12,173	20	16,412	31	- 26
Work or wage.....	3,054	5	2,182	4	+ 40

^a The figures for some States have been estimated by the Children's Bureau.

^b Includes adoptive homes.

in finding qualified personnel to administer programs of foster-family care.

Institutional care.—Coincident with the increase in foster-family care during the decade, there was a decrease in all but 5 of the reporting States¹⁵ in the number of children served in institutions. Twenty-four percent fewer children were in institutions in 1943 than in 1933—77,075 children as compared with

101,689 (table 5). A 32-percent decline (4,700) took place in the number of children in public institutions. This decline can be traced in part to the accelerated development of public foster-family placement programs. The number of children in private institutions diminished by nearly 20,000 children, or 23 percent, although in 7 States the number of children in private institutions increased. Both in 1933 and 1943 approximately 85 percent of all the children in institutions were in institutions under private auspices.

¹⁵ Delaware, Nebraska, New Hampshire, North Dakota, and Wyoming.

TABLE 5.—DEPENDENT AND NEGLECTED CHILDREN RECEIVING CARE IN INSTITUTIONS FROM PUBLIC AND PRIVATE AGENCIES, BY AGENCY AUSPICES AND STATE, DECEMBER 31, 1933 AND 1943; 27 STATES AND THE DISTRICT OF COLUMBIA^a

State	Total			Public			Private		
	1943	1933	Percent change, 1933-1943	1943	1933	Percent change, 1933-1943	1943	1933	Percent change, 1933-1943
Total.....	77,075	101,689	- 24	9,982	14,696	- 32	67,093	86,993	- 23
Alabama.....	951	1,180	- 19	75	1	(b)	876	1,179	- 26
Connecticut.....	2,138	2,511	- 15	542	821	- 34	1,596	1,690	- 6
Delaware.....	300	234	+ 28	-----	-----	-----	300	234	+ 28
District of Columbia.....	681	914	- 25	138	85	(b)	543	829	- 34
Georgia.....	1,623	1,773	- 9	-----	-----	-----	1,623	1,773	- 9
Idaho.....	164	168	- 2	-----	-----	-----	164	168	- 2
Illinois.....	7,744	10,163	- 24	309	727	- 57	7,435	9,436	- 21
Indiana.....	2,877	4,817	- 40	1,292	1,947	- 34	1,585	2,870	- 45
Iowa.....	1,903	2,012	- 5	584	1,046	- 44	1,319	966	+ 37
Maryland.....	1,176	2,283	- 48	-----	14	-----	1,176	2,269	- 48
Michigan.....	2,214	2,703	- 18	13	223	- 94	2,201	2,480	- 11
Minnesota.....	1,187	1,563	- 24	215	473	- 55	972	1,090	- 11
Mississippi.....	527	545	- 3	-----	-----	-----	527	545	- 3
Missouri.....	2,529	3,754	- 33	237	282	- 16	2,292	3,472	- 34
Nebraska.....	1,471	1,092	+ 35	135	112	+ 21	1,336	980	+ 36
Nevada.....	50	89	(b)	50	89	(b)	-----	-----	-----
New Hampshire.....	1,027	968	+ 6	-----	-----	-----	1,027	968	+ 6
New Jersey.....	2,538	3,086	- 18	64	33	(b)	2,474	3,053	- 19
New York.....	16,531	25,235	- 34	197	229	- 14	16,334	25,006	- 35
North Dakota.....	187	137	+ 36	-----	-----	-----	187	137	+ 36
Ohio.....	8,360	10,893	- 23	4,104	5,459	- 25	4,256	5,434	- 22
Oklahoma.....	2,059	2,219	- 7	581	963	- 40	1,478	1,256	+ 18
Oregon.....	650	802	- 19	-----	-----	-----	650	802	- 19
Pennsylvania.....	13,657	16,924	- 19	557	835	- 33	13,100	16,089	- 19
Rhode Island.....	768	1,229	- 38	131	313	- 58	637	916	- 30
Washington.....	1,208	1,406	- 14	-----	-----	-----	1,208	1,406	- 14
Wisconsin.....	2,392	2,854	- 16	708	999	- 29	1,684	1,855	- 9
Wyoming.....	163	135	+ 21	50	45	(b)	113	90	(L)

^a The figures for some of the States have been estimated by the Children's Bureau.

^b Change not computed; 1933 figure less than 100.

Among the total number of children in foster care in 1943, the proportion of children in institutions ranged from 82 percent in Oklahoma to 21 percent in Minnesota.

Although the number of children in institutional care declined between 1933 and 1943, the number of such children in 1943 was still large—46 percent of the total number of children in foster care. Some signs of a leveling off in this decline appeared near the end of the decade. Efforts were made to improve institutional plants, practices, and personnel in accordance with acceptable standards for foster care. The use of institutions for special purposes

such as temporary placement and placement of children for whom foster-family care is unsuitable, or for whom group living is more desirable, increased. From 1942 to the present the difficulty of obtaining foster-family homes has led to an increase in the institutional population in a number of communities. Whether institutions will be used more extensively when foster-family homes are again available in large numbers after the war remains to be seen. It seems likely, however, that military casualties and further dislocations of family life due to war conditions will result in an increased need for some form of foster care of children.

Juvenile-Court Statistics, 1943¹

The year 1943 is the seventeenth successive calendar year for which the Children's Bureau has collected statistics on delinquency cases disposed of by juvenile courts. The figures for the different years represent considerable variation in the number and identity of the reporting courts, but in general the coverage has grown from about 15 percent of the population of the United States in 1927 to about 37 percent in 1943.

More than nine-tenths of the courts reporting in 1943, representing a majority of the population served by all the courts reporting in that year,

reported under a State plan.² Of the eight States in which the courts reported in this way, Missouri and New York succeeded in achieving complete State-wide coverage for the first time in 1943. The other States in which the courts reported under such a plan were Connecticut, Massachusetts, Rhode Island, and Utah, which had complete State coverage, and Ohio and Indiana, which had partial coverage. Increased reporting coverage in four of the eight States was chiefly responsible for the most recent rise in the percentage of the total population represented by the courts reporting.

²The courts reporting under a State plan report directly to the State agency concerned with juvenile-court work or probation service, which then forwards the data to the Children's Bureau. The other courts send reports directly to the Bureau.

¹Report prepared by I. Richard Perlman, Social Statistics Section, Division of Statistical Research.

TABULAR MATERIAL IN THIS REPORT

The total number of boys' and girls' delinquency cases disposed of by the 399 juvenile courts that reported in 1943 is shown in table 1, according to race. Separate data are given for each of the 90 courts that served areas of 100,000 or more population; for the 309 courts that served areas of smaller population the data are given by State in which located.

The figures for all the boys' and girls' cases disposed of by the 399 courts that reported in 1943 are analyzed in tables 2 to 6 according to age of child, reason for reference to court, source of reference, place of detention care, and disposition of case.³

The trend in delinquency cases disposed of in urban areas in the years 1940-43, years that included a period of prewar defense as well as actual war years, is shown in table 7. This table gives, for each of these 4 years, the number of boys' and of girls' cases disposed of by each of 82 courts serving areas of 100,000 or more population. In an effort to show the effect of changes in population on the volume of cases disposed of in the areas where the population increased between 1940 and 1943 (usually areas of war activity) and in those where it decreased, the data for the 82 courts are divided into

two groups, according to the direction of change in the population of the areas served.

DELINQUENCY CASES DISPOSED
OF IN 1943⁴

During 1943, 125,488 delinquency cases were disposed of by 399 juvenile courts serving areas including 37 percent of the total population of the United States. These courts participated voluntarily in the Children's Bureau juvenile-court statistics project and were not selected as being geographically representative of the entire country. Nevertheless, analysis of the statistics on the delinquency cases disposed of by these courts produces some general observations that may be helpful in understanding the problems of juvenile delinquency as they are dealt with by juvenile courts.

Sex and Race.

Of the 125,488 delinquency cases disposed of in 1943, 81 percent were boys' cases and 19 percent were girls' cases. (Table 1.) The proportion of boys' and of girls' cases remained relatively constant for several years prior to 1941 (84 percent for boys' and 16 percent for girls' cases) but after that it gradually changed to the 1943 ratio.

White children were involved in 81 percent of the cases for which the race of the child was reported; Negro and other nonwhite children, 19 percent.

³Source tables for juvenile-court statistics, similar to those published in some earlier reports, have been compiled for 1943 and are available for reference at the Children's Bureau. These source tables give, for individual courts, the data that are summarized in tables 2 to 6.

⁴Preliminary reports on the number of juvenile-delinquency cases disposed of in 1944 have been received for 225 courts. A statement comparing these figures with those for the same courts in 1943 is available from the Children's Bureau.

TABLE 1.—*Juvenile-delinquency cases, 1943: BOYS' AND GIRLS' CASES, BY RACE, DISPOSED OF BY 90 COURTS THAT SERVED AREAS WITH POPULATIONS OF 100,000 OR MORE AND BY 309 COURTS THAT SERVED AREAS WITH POPULATIONS OF LESS THAN 100,000**

Location of areas served by courts and chief city in certain areas	Delinquency cases											
	All races			White ^b			Negro and other nonwhite			Race not reported		
	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls
Total—all areas	125,488	101,523	23,965	91,839	74,439	17,400	21,110	16,667	4,443	12,539	10,417	2,122
AREAS WITH 100,000 OR MORE POPULATION	108,941	88,130	20,811	79,042	64,178	14,864	20,311	16,026	4,285	9,588	7,926	1,662
ARKANSAS: Pulaski County (Little Rock)	981	624	357	658	407	251	323	217	106	-----	-----	-----
CALIFORNIA:												
Los Angeles County (Los Angeles)	4,458	3,846	612	4,047	3,486	561	402	352	50	9	8	1
San Diego County (San Diego)	1,805	1,295	510	1,708	1,219	489	87	70	17	10	6	4
San Francisco—city and county	946	653	293	826	564	262	120	89	31	-----	-----	-----
CONNECTICUT:												
First district (Bridgeport)	1,923	1,625	298	1,780	1,518	262	143	107	36	-----	-----	-----
Second district (New Haven)	1,925	1,638	287	1,751	1,499	252	174	139	35	-----	-----	-----
Third district (Hartford)	1,780	1,447	333	1,662	1,365	297	118	82	36	-----	-----	-----
DISTRICT OF COLUMBIA:												
Washington—city	3,204	2,852	352	1,382	1,283	99	1,822	1,569	253	-----	-----	-----
FLORIDA: Dade County (Miami)	823	621	202	570	450	120	253	171	82	-----	-----	-----
GEORGIA: Fulton County (Atlanta)	1,549	1,263	286	-----	-----	-----	-----	-----	-----	1,549	1,263	286
INDIANA:												
Allen County (Fort Wayne)	779	629	150	723	591	132	56	38	18	-----	-----	-----
Lake County (Gary)	472	341	131	396	291	105	76	50	26	-----	-----	-----
Marion County (Indianapolis)	2,019	1,580	439	1,546	1,203	343	473	377	96	-----	-----	-----
St. Joseph County (South Bend)	1,579	1,193	386	1,479	1,138	341	100	55	45	-----	-----	-----
Vanderburgh County (Evansville)	740	587	153	646	511	135	94	76	18	-----	-----	-----
IOWA:												
Polk County (Des Moines)	1,008	876	132	919	793	126	89	83	6	-----	-----	-----
Woodbury County (Sioux City)	497	354	143	-----	-----	-----	-----	-----	-----	497	354	143
LOUISIANA: Caddo Parish (Shreveport)	436	293	143	266	163	103	170	130	40	-----	-----	-----
MASSACHUSETTS:												
Boston:												
Boston (central section)	835	548	287	-----	-----	-----	-----	-----	-----	835	548	287
Brighton	59	51	8	-----	-----	-----	-----	-----	-----	59	51	8
Charlestown	92	83	9	-----	-----	-----	-----	-----	-----	92	83	9
Dorchester	154	136	18	-----	-----	-----	-----	-----	-----	154	136	18
East Boston	160	134	26	-----	-----	-----	-----	-----	-----	160	134	26
Roxbury	542	438	104	-----	-----	-----	-----	-----	-----	542	438	104
South Boston	115	100	15	-----	-----	-----	-----	-----	-----	115	100	15
West Roxbury	179	164	15	-----	-----	-----	-----	-----	-----	179	164	15
Central district of Worcester (Worcester)	373	301	72	-----	-----	-----	-----	-----	-----	373	301	72
East Norfolk district (Quincy)	276	254	22	-----	-----	-----	-----	-----	-----	276	254	22
First district of eastern Middlesex (Medford)	232	201	31	-----	-----	-----	-----	-----	-----	232	201	31
Lawrence district (Lawrence)	73	65	8	-----	-----	-----	-----	-----	-----	73	65	8
Lowell district (Lowell)	80	72	8	-----	-----	-----	-----	-----	-----	80	72	8
Second district of Bristol (Fall River)	239	197	42	-----	-----	-----	-----	-----	-----	239	197	42
Somerville district (Somerville)	70	64	6	-----	-----	-----	-----	-----	-----	70	64	6
Southern Essex district (Lynn)	146	137	9	-----	-----	-----	-----	-----	-----	146	137	9
Springfield district (Springfield)	227	187	40	-----	-----	-----	-----	-----	-----	227	187	40
Third district of Bristol (New Bedford)	269	252	17	-----	-----	-----	-----	-----	-----	269	252	17
Third district of eastern Middlesex (Cambridge)	236	205	31	-----	-----	-----	-----	-----	-----	236	205	31
MICHIGAN:												
Keok County (Grand Rapids)	587	490	97	534	450	84	41	28	13	12	12	-----
Oakland County (Pontiac)	612	480	132	556	444	112	31	22	9	25	14	11
Wayne County (Detroit)	2,726	2,286	440	1,903	1,591	312	823	695	128	-----	-----	-----
MINNESOTA:												
Heaneapin County (Minneapolis)*	1,277	911	366	1,257	898	359	20	13	7	-----	-----	-----
Ramsey County (St. Paul)	729	624	105	700	599	101	29	25	4	-----	-----	-----
MISSOURI:												
Jackson County (Kansas City)	1,804	1,398	406	1,444	1,097	347	354	285	59	6	6	-----
St. Louis—city	3,034	2,178	856	1,936	1,383	553	1,031	763	268	67	32	35
St. Louis County (University City)	622	492	130	519	409	110	98	80	18	5	3	2
NEW JERSEY: Hudson County (Jersey City)	335	280	55	320	265	55	15	15	-----	-----	-----	-----

* See footnotes at end of table.

TABLE 1.—Juvenile-delinquency cases, 1943: BOYS' AND GIRLS' CASES, BY RACE, DISPOSED OF BY 90 COURTS THAT SERVED AREAS WITH POPULATIONS OF 100,000 OR MORE AND BY 309 COURTS THAT SERVED AREAS WITH POPULATIONS OF LESS THAN 100,000.—CONTINUED

Location of areas served by courts and chief city in certain areas	Delinquency cases											
	All races			White ^b			Negro and other nonwhite			Race not reported		
	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls
AREAS WITH 100,000 OR MORE POPULATION—Continued												
NEW YORK:												
Albany County (Albany)	364	248	55	290	239	51	14	10	4	-----	-----	-----
Broome County (Binghamton)	131	94	37	129	93	36	2	1	1	-----	-----	-----
Chautauque County (Jamestown) . . .	159	133	26	159	133	26	-----	-----	-----	-----	-----	-----
Dutchess County (Poughkeepsie) . . .	114	96	18	92	81	11	22	15	7	-----	-----	-----
Erie County (Buffalo)	1,114	936	178	1,063	858	145	111	78	33	-----	-----	-----
Monroe County (Rochester)	234	186	48	230	183	47	4	3	1	-----	-----	-----
Nassau County (Hempstead)	271	243	28	257	232	25	14	11	3	-----	-----	-----
New York—city	6,444	5,184	1,250	4,233	3,451	782	2,211	1,743	468	-----	-----	-----
Niagara County (Niagara Falls) . . .	241	183	58	232	179	53	9	4	5	-----	-----	-----
Oneida County (Utica)	327	266	61	317	256	61	10	10	-----	-----	-----	-----
Onondaga County (Syracuse)	471	401	70	443	375	68	28	26	2	-----	-----	-----
Orange County (Newburgh)	131	117	14	119	107	12	12	10	2	-----	-----	-----
Rensselaer County (Troy)	198	165	33	195	162	33	3	-----	-----	-----	-----	-----
Schenectady County (Schenectady) . .	91	75	16	89	73	16	2	-----	-----	-----	-----	-----
Suffolk County (Patchogue)	142	126	16	132	118	14	10	8	2	-----	-----	-----
Westchester County (Yonkers)	427	370	57	393	296	97	94	74	20	-----	-----	-----
OHIO:												
Butler County (Hamilton City)	1,103	827	276	948	717	231	142	101	41	13	9	4
Cuyahoga County (Cleveland)	4,053	3,132	921	2,918	2,299	619	1,086	797	289	49	36	13
Franklin County (Columbus)	1,342	880	462	974	622	352	296	190	106	72	68	4
Hamilton County (Cincinnati)	4,117	3,254	863	3,097	2,454	643	988	735	253	32	25	7
Lorain County (Elyria)	395	299	96	354	270	84	28	19	9	13	10	3
Lucas County (Toledo)	506	389	117	444	342	102	59	44	15	3	-----	-----
Maumee County (Youngstown)	1,508	1,234	274	1,175	966	209	306	246	60	27	22	5
Montgomery County (Dayton)	1,933	1,553	380	1,430	1,157	273	394	300	94	109	96	13
Stark County (Canton)	195	157	38	171	137	34	23	20	3	1	-----	-----
Summit County (Akron)	2,066	1,760	306	1,777	1,539	238	280	218	62	3	-----	-----
Tuscarawas County (Warren)	492	383	109	423	333	90	63	46	17	6	4	2
OKLAHOMA: Tulsa—city	346	216	124	279	179	100	61	37	24	-----	-----	-----
OREGON: Multnomah County (Portland)	2,719	2,361	358	-----	-----	-----	-----	-----	-----	2,719	2,361	358
PENNSYLVANIA:												
Allegheny County (Pittsburgh)	3,165	2,471	694	2,411	1,913	498	754	558	196	-----	-----	-----
Berks County (Reading)	248	232	16	234	220	14	14	12	2	-----	-----	-----
Montgomery County (Norristown) . . .	252	231	21	226	210	16	26	21	5	-----	-----	-----
Philadelphia—city and county	9,433	7,901	1,532	5,693	4,312	781	4,340	3,589	751	-----	-----	-----
RHODE ISLAND: Sixth district (Providence)												
Greenville County (Greenville)	373	317	56	341	292	49	32	25	7	-----	-----	-----
SOUTH CAROLINA:												
Greenville County (Greenville)	300	253	47	207	175	32	93	78	15	-----	-----	-----
TEXAS:												
Bexar County (San Antonio)	3,182	2,331	851	2,938	2,161	757	244	150	94	-----	-----	-----
Dallas County (Dallas)	2,228	1,791	437	1,548	1,252	296	680	539	141	-----	-----	-----
UTAH:												
First district (Ogden)	1,321	1,176	145	1,316	1,171	145	3	3	-----	2	-----	-----
Second district (Salt Lake City) . . .	2,613	2,267	346	2,595	2,251	344	18	16	2	-----	-----	-----
Third district (Provo)	1,713	1,426	287	1,712	1,425	287	1	1	-----	-----	-----	-----
VIRGINIA: Norfolk—city	1,182	879	303	673	458	215	507	421	86	2	-----	2
WASHINGTON:												
Pierce County (Tacoma)	416	306	110	416	306	110	-----	-----	-----	-----	-----	-----
Spokane County (Spokane)	1,065	898	227	1,031	818	243	34	20	14	-----	-----	-----
WISCONSIN: Milwaukee County (Milwaukee)												
	6,881	5,987	894	6,530	5,686	844	351	301	50	-----	-----	-----
AREAS WITH LESS THAN 100,000 POPULATION												
	16,547	13,393	3,154	12,797	10,261	2,536	799	641	158	2,851	2,491	460
INDIANA: 28 courts												
	2,284	1,761	523	2,179	1,682	497	105	79	26	-----	-----	-----
MASSACHUSETTS: 54 courts												
	1,987	1,787	200	-----	-----	-----	-----	-----	-----	1,987	1,787	200
MISSOURI: 112 courts												
	1,891	1,542	349	1,738	1,419	319	71	60	11	82	63	19
MONTANA: Yellowstone County												
	457	375	82	451	372	79	6	3	3	-----	-----	-----
NEW YORK: 42 courts												
	1,903	1,594	309	1,864	1,563	301	39	31	8	-----	-----	-----
OHIO: 57 courts												
	5,766	4,538	1,229	5,235	4,100	1,135	265	217	48	266	221	45
OKLAHOMA: Tulsa County—exclusive of city												
	134	94	40	129	92	37	5	2	3	-----	-----	-----
RHODE ISLAND: 11 courts												
	447	350	97	434	339	95	13	11	2	-----	-----	-----
TEXAS: Wichita County												
	616	420	196	-----	-----	-----	-----	-----	-----	616	420	196
UTAH: Fourth district												
	427	401	26	426	400	26	1	1	-----	-----	-----	-----
VIRGINIA: Danville—city												
	635	531	104	341	294	47	234	237	57	-----	-----	-----

^aPopulation according to 1940 census.^bIncludes all Mexicans.^cExcludes traffic violations.

Age.

Of the cases disposed of in 1943 in which the age of the child was reported, the greatest concentration—35 percent of the boys' cases and 43 percent of the girls' cases—occurred in the 14- and 15-year age group. (Table 2.) In 4 percent of the cases the child was under 10 years of age.

The maximum age of juvenile-court jurisdictions affects considerably the age distribution of cases handled by the courts. There has been a progressive movement to extend the upper age limit to 18 years, but relatively few juvenile courts have jurisdiction over persons who have attained their eighteenth birthday.

Reason for Reference to Court.

The reasons for which boys were most commonly referred to the courts differed considerably from those for which girls were most commonly referred. (Table 3.) In slightly more than two-fifths (42 percent) of the boys' cases for which the reason for reference was reported, the referral was for some type of stealing⁵ and in one-fifth it was for an act of carelessness or mischief. Among girls' cases, three types of behavior (being ungovernable, running away, and sex offenses) accounted for 61 percent of the cases in which the reason for reference was reported. These three are considered together because ungovernable behavior and running away frequently involve sex offenses; moreover, some courts use

the term "ungovernable behavior" to avoid recording a sex offense in official records.

Source of Reference to Court.

Children are directly referred to juvenile courts not only by the police, but by parents or other relatives, other individuals, school authorities, and social agencies. Analysis of these sources of reference reflects to some extent the relationship of the court to the community and the effect of community pressures upon the work of the court in relation to delinquent behavior.

The source of reference to court in the cases for which this information was reported is shown in table 4. Almost three-fourths (74 percent) of the boys' cases were referred by the police; only one-half (49 percent) of the girls' cases were referred by this source. Parents or other relatives referred only 4 percent of the boys' cases, as compared with 18 percent of the girls' cases. These differences may be explained in part by the fact that the largest proportion of boys' cases was referred for stealing, a type of behavior that is most likely to come to the attention of the police; that in girls' cases two of the chief reasons for referral were being ungovernable and running away, conduct that parents or other relatives would be most likely to refer to court.

The proportion of cases referred by each source varies from court to court, but in general the statistics show that social agencies play a

⁵This classification includes automobile stealing, burglary or unlawful entry, robbery, and all other types of stealing.

TABLE 2.—*Juvenile-delinquency cases, 1943: AGE OF BOYS AND OF GIRLS WHEN REFERRED TO COURT IN CASES DISPOSED OF BY 399 COURTS*

Age of child when referred to court	Delinquency cases					
	Number			Percent		
	Total	Boys	Girls	Total	Boys	Girls
Total cases.....	125,488	101,523	23,965	-----	-----	-----
Age reported.....	118,111	95,640	22,471	100	100	100
Under 10 years.....	4,633	4,163	470	4	4	2
10 years, under 12.....	9,100	8,267	833	8	9	4
12 years, under 14.....	20,567	17,162	3,405	17	18	15
14 years, under 16.....	43,177	33,450	9,727	37	35	43
16 years and over.....	40,634	32,598	8,036	34	34	36
Age not reported.....	7,377	5,883	1,494	-----	-----	-----

TABLE 3.—*Juvenile-delinquency cases, 1943: REASON FOR REFERENCE TO COURT IN BOYS' AND IN GIRLS' CASES DISPOSED OF BY 399 COURTS*

Reason for reference to court	Delinquency cases					
	Number			Percent		
	Total	Boys	Girls	Total	Boys	Girls
Total cases.....	125,488	101,523	23,965	-----	-----	-----
Reason for reference reported.....	117,985	95,424	22,561	100	100	100
Stealing.....	42,932	40,373	2,559	36	42	11
Act of carelessness or mischief..	20,419	18,991	1,428	17	20	6
Traffic violation.....	9,421	9,228	193	8	10	1
Truancy.....	9,697	6,678	3,019	8	7	13
Running away.....	10,687	5,844	4,843	9	6	22
Being ungovernable.....	10,129	5,206	4,923	9	5	22
Sex offense.....	6,335	2,563	3,772	5	3	17
Injury to person.....	3,038	2,609	429	3	3	2
Other reason.....	5,327	3,932	1,395	5	4	6
Reason for reference not reported..	7,503	6,099	1,404	-----	-----	-----

TABLE 4.—*Juvenile-delinquency cases, 1943: SOURCE OF REFERENCE TO COURT IN BOYS' AND IN GIRLS' CASES DISPOSED OF BY 399 COURTS*

Source of reference to court	Delinquency cases					
	Number			Percent		
	Total	Boys	Girls	Total	Boys	Girls
Total cases.....	125,488	101,523	23,965	-----	-----	-----
Source of reference reported.....	103,651	83,984	19,667	100	100	100
Police.....	72,136	62,451	9,685	69	74	49
School department.....	8,090	5,612	2,478	8	7	13
Probation officer.....	3,057	2,268	789	3	3	4
Other court.....	1,907	1,636	271	2	2	1
Social agency.....	1,659	744	915	2	1	5
Parents or relatives.....	6,956	3,360	3,596	7	4	18
Other individual.....	8,363	6,831	1,532	8	8	8
Other source.....	1,483	1,082	401	1	1	2
Source of reference not reported...	21,837	17,539	4,298	-----	-----	-----

minor role in the referral of delinquency cases to court.

Place of Detention Care.

Table 5 indicates the places in which delinquent children were cared for overnight or longer pending the hearing or disposition of their cases. The child was detained in 35,641 of the 83,252 cases for which information on detention care was reported. In 24 percent of these 35,641 cases, the child was detained at least part of the time in jails or police stations. The place of detention care most frequently reported for both boys' and girls' cases was a detention home.

The places in which children are cared for overnight or longer and the extent of such care are dependent in part on the facilities available in the local community and in part on the attitude of the community on the necessity for detention. In some localities children brought to court in delinquency cases are detained for almost all types of offenses, whereas in others only certain types of delinquency are considered serious enough to warrant detention care for the children. The need for suitable detention facilities has been particularly great in war-impact areas and has been accompanied by a strengthening of the sentiment against detention of children in jails or other unsuitable places. In spite of this growing sentiment and the restrictions placed by most juvenile-court laws upon the detention of children in jails or police stations, extensive use of these facilities continues to be reported.

Disposition of Case.

The disposition of cases by the various courts depends on the practices of the courts and on the availability of facilities for court supervision, for institutional care of children needing such service, or for other services to children.

In 1943 the disposition most frequently made in both boys' and girls' cases was "dismissed, adjusted, or held open without further action." This disposition was made in 47 percent of the boys' cases and in 36 percent of the girls' cases in which information on disposition was reported. (Table 6) Twelve percent of the girls' cases were disposed of by commitment or referral to an institution and 6 percent by commitment or referral to an agency or individual. Eight percent of the boys' cases were disposed of by commitment or referral to an institution and 3 percent by commitment or referral to an agency or individual. In approximately one-third of both boys' and girls' cases the child was placed under the supervision of a probation officer. The differences between dispositions in boys' and in girls' cases may be attributed partly to differences in the types of behavior for which boys and girls were most frequently referred to court. (See section, "Reason for Reference to Court.")

INCREASE IN DELINQUENCY CASES DISPOSED OF, 1942-43

Of the 399 courts reporting on delinquency cases disposed of in 1943, 304 reported also in 1942. The

TABLE 5.—*Juvenile-delinquency cases, 1943: PLACE OF DETENTION CARE OF BOYS AND OF GIRLS DEALT WITH IN CASES DISPOSED OF BY 399 COURTS*

Place of detention care	Delinquency cases					
	Number			Percent		
	Total	Boys	Girls	Total	Boys	Girls
Total cases.....	125,488	101,523	23,965	-----	-----	-----
Detention care reported.....	83,252	67,170	16,082	100	100	100
No detention care overnight.....	47,611	39,634	7,977	57	59	50
Detention care overnight or longer.....	35,641	27,536	8,105	43	41	50
Boarding home.....	190	95	95	(a)	(a)	(a)
Detention home ^b	25,211	18,886	6,325	30	28	39
Other institution.....	617	424	193	1	1	1
Jail or police station ^c	8,705	7,461	1,244	11	11	8
Other place of care ^d	296	170	126	(a)	(a)	1
Place of care not reported.....	622	500	122	1	1	1
Detention care not reported.....	42,236	34,353	7,883	-----	-----	-----

^a Less than 0.5 percent.^b Includes cases of children cared for part of the time in detention homes and part of the time elsewhere but excludes cases of children also cared for in jails or police stations.^c Includes cases of children cared for part of the time in jails or police stations and part of the time elsewhere.^d Includes cases of children cared for in more than one place but in places other than detention homes, jails, or police stations.TABLE 6.—*Juvenile-delinquency cases, 1943: DISPOSITION OF BOYS' AND OF GIRLS' CASES DISPOSED OF BY 399 COURTS*

Disposition of case	Delinquency cases					
	Number			Percent		
	Total	Boys	Girls	Total	Boys	Girls
Total cases.....	125,488	101,523	23,965	-----	-----	-----
Disposition reported.....	117,404	94,993	22,411	100	100	100
Case dismissed, adjusted, or held open without further action.....	52,924	44,846	8,078	45	47	36
Child supervised by probation officer...	38,000	30,627	7,373	32	32	33
Child committed or referred to an institution.....	10,559	7,788	2,771	9	8	12
State institution for delinquent children.....	6,377	4,960	1,417	5	5	6
Other institution for delinquent children.....	3,002	2,005	997	3	2	4
Penal institution.....	206	191	15	(a)	(a)	(a)
Other institution.....	974	632	342	1	1	2
Child committed or referred to an agency..	3,171	1,992	1,179	3	2	5
Public department.....	1,322	920	402	1	1	2
Other agency.....	1,849	1,072	777	2	1	3
Child committed or referred to an individual.	1,043	719	324	1	1	1
Case referred to another court.....	1,449	1,219	230	1	1	1
Fine or cost ordered.....	2,905	2,791	114	2	3	1
Runaway returned.....	5,427	3,435	1,992	5	4	9
Other disposition of case.....	1,926	1,576	350	2	2	2
Disposition not reported.....	8,084	6,530	1,554	-----	-----	-----

^a Less than 0.5 percent.

number of delinquency cases disposed of by these 304 courts increased in 1943 over 1942 as follows:

Courts	Percent increase in delinquency cases disposed of, 1942 to 1943		
	Total	Boys	Girls
304 courts.....	31	32	29
88 courts serving areas with 100,000 or more population...	32	33	28
216 courts serving areas with less than 100,000 population.	27	25	38

The percentage increase in 1943 over 1942 for all the courts reporting for both years was 31 percent. For both total cases and boys' cases the increase was greater in the courts serving the areas with more than 100,000 population than in those serving smaller areas. For girls' cases, however, the increase was greater in the courts serving the smaller areas.

WAR-ACTIVITY AREAS AND DELINQUENCY CASES, 1940-43

It has been suggested by the Bureau of the Census that in the main the areas that have increased in population during the defense and war periods have been those that had more than average wartime activity in connection with shipyards, aircraft factories, munition plants, other heavy industry, or military establishments.⁶ The effect of these wartime activities and the resulting population increases on the volume of delinquency cases between 1940 and 1943 may be studied by comparing the number of cases disposed of by courts located in areas

that increased in population during those years with the number disposed of by courts in areas that decreased.

The number of delinquency cases disposed of in 1940, 1941, 1942, and 1943 by each of 39 juvenile courts serving areas where the population increased in 1943 over 1940 is shown in table 7 in comparison with the number disposed of in each of those years by 43 courts serving areas where the population decreased. In the 39 areas where the population increased, the number of cases disposed of rose 55 percent between 1940 and 1943, in contrast with an increase of 44 percent in the 43 areas where the population decreased; in the two groups of areas combined—82 courts—there was an increase of 51 percent. (See text table following.) Both in 1942 and 1943 the increase over the preceding year was relatively greater in the areas of increasing population than in the areas of decreasing population, as is indicated by the text table on the following page.

Although in 1941 and 1942 the increases from the preceding years in delinquency cases disposed of were greater for girls than for boys, in 1943 a larger increase occurred in boys' than in girls' cases. The over-all increase for the period 1940-43, however, was greater for girls' than for boys' cases in the areas where the population increased as well as in those where it decreased. In each of the years considered, boys' cases represented at least four-fifths of the total number of cases disposed of.

⁶Bureau of the Census: Population; Estimates of the Civilian Population by Counties, May 1, 1942, p.1. Series P-3, No. 33 Washington, Feb. 25, 1943.

Courts	Percent change in delinquency cases disposed of											
	1940 to 1941			1941 to 1942			1942 to 1943			1940 to 1943		
	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls
82 courts.....	+ 8	+ 7	+ 13	+ 7	+ 4	+ 22	+ 31	+ 32	+ 27	+ 51	+ 46	+ 76
39 courts in areas where population increased.....	+ 7	+ 6	+ 14	+ 9	+ 6	+ 22	+ 32	+ 33	+ 28	+ 55	+ 50	+ 78
43 courts in areas where population decreased.....	+ 9	+ 8	+ 12	+ 3	(a)	+ 20	+ 28	+ 28	+ 26	+ 44	+ 39	+ 71

^a Decrease less than 0.5 percent.

The percentage increases discussed in the previous paragraphs represent the combined experience of all the 82 courts and conceal variations among individual courts. Not all the courts showed an increase. Ten courts experienced a decrease between 1940 and 1943. Four of these served communities in areas of increased population—San Diego, Calif.; St. Louis, Mo.; Canton, Ohio; and Schenectady, N. Y. Nor were the changes from 1940 to 1943 consistent with regard to the relationship between boys' and girls' cases. In San Diego County (San Diego), California, where boys' cases decreased 34 percent between 1940 and 1943, girls' cases increased 96 percent. Similar changes—a decrease in boys' cases and an increase in girls' cases—occurred in the courts serving the following areas: St. Louis (city), Mo.; Albany County (Albany), N. Y.; Dorchester and East Boston districts of Boston, Mass.; the Lowell and Somerville districts of Massachusetts; and Woodbury County (Sioux City), Iowa. In Dutchess County (Poughkeepsie), N. Y., boys' cases increased between 1940 and 1943 and girls' cases decreased.

The large increase (44 percent) between 1940 and 1943 in delinquency cases disposed of in the areas of decreasing population indicates that factors not peculiar to areas of increasing population but related to wartime situations that are present in all areas contributed to the increase in delinquency cases disposed of by the courts during these years. The departure of men from home to enter the armed forces or to take jobs in war-activity areas, along with the increased employment of women, has brought about the absence of one or both parents from many homes, with the result that many children lack the parental guidance and companionship necessary to satisfy their basic needs. Another wartime factor that makes it difficult for boys and girls to make wholesome social and emotional adjustments is that their employment may remove them from opportunities for normal recreational experiences and associations with children of their own age group and may place them in jobs with undesirable surroundings. Other factors are the anxieties and emotional stresses resulting from the general

strained wartime atmosphere. A shortage of trained social workers, recreational leaders, teachers, and others whose primary function is the protection and assistance of youth serves to aggravate the effect of many of the factors that contribute to delinquency.

LIMITATIONS OF JUVENILE-COURT STATISTICS

Statistics on juvenile-delinquency cases disposed of present a general picture of the volume of the work of juvenile courts in dealing with delinquent behavior. The number of cases reported by different courts is greatly influenced by variations in the administrative practices of the courts. Some courts report only cases that they have disposed of officially—that is, after the filing of legal papers necessary to have the case placed on the court calendar. Other courts report, in addition, the cases disposed of unofficially by the judge, by probation officers, or by a referee, without formal court action.

The data are influenced also by other factors, such as the personnel and facilities of the courts, the working relationships of the court to other agencies serving children and youth and law-enforcement agencies in the community, and the development of necessary community services for children. For example, in one of the courts reporting to the Children's Bureau almost half of the 125-percent increase in cases disposed of in 1943 as compared with 1942 was the result of a change in the method of

handling juveniles involved in traffic violations.

Another factor affecting the number of delinquency cases reported and the comparability of the reports is the age jurisdiction of the courts. The age limit for children coming under juvenile-court jurisdiction is established by State law and in most instances is uniform throughout a State. Of the 399 courts reporting in 1943, 76 had original jurisdiction in delinquency cases of children under 16 years of age; 193, under 17 years of age; 121, under 18; and 4, under 21. In addition, the 2 courts in Oklahoma had original jurisdiction in delinquency cases of boys under 16 and of girls under 18, and the 3 Texas courts had original jurisdiction in delinquency cases of boys under 17 and of girls under 18.

Statistics on delinquency cases disposed of by juvenile courts, even if Nation-wide, would not represent the volume of delinquent behavior of children in the United States as a whole, nor even in the communities served by the reporting courts. Many children whose behavior is considered delinquent are not represented in juvenile-court statistics either because they are not apprehended or because they are dealt with by the police, social agencies, schools, public or private youth-serving agencies, or other resources in the community and are not referred to courts. The degree to which this situation obtains varies from city to city and from year to year within the same city.

Data on the number of delinquency cases disposed of do not include only the most serious offenses. These data include many types of alleged delinquency from the most serious to the most trivial—the case of the child who is involved in automobile stealing or burglary as well as that of the child who rides a bicycle on the sidewalk or peddles without a license. Moreover, juvenile-court statistics include not only cases in which the child is adjudged to be delinquent but all cases brought before the court in which delinquency is alleged.

The limitations of juvenile-court statistics, as discussed in the preceding paragraphs, bring sharply into focus the impracticability of making significant comparisons between one community and another in regard to the extent of delinquency as measured by the number of cases disposed of by their courts.

Juvenile-court statistics as collected by the Children's Bureau refer to the number of cases disposed of by courts rather than the number of children involved. One child may appear before the court two, three, or more times for the same reason or for different reasons, and each appearance is counted as another case if a new complaint is filed and dealt with separately. In planning a program of services directed toward the prevention and treatment of juvenile delinquency by community welfare agencies, it is important to know the number of children who are likely to need such services.

IMPROVEMENT OF JUVENILE-COURT STATISTICS

The Children's Bureau is planning a twofold effort to increase the significance of juvenile-court statistics and to bring these statistics into closer agreement with other Children's Bureau statistics on services to children and youth. It is planned to extend the juvenile-court reporting series by (1) expanding the geographical coverage of the series by encouraging State-wide reporting through a State agency and (2) expanding the content of the reports to include all children's cases dealt with by juvenile courts; that is, cases of dependency and neglect as well as delinquency cases. It will include those dealt with unofficially as well as those dealt with officially. In these reports the basic unit of count will be the child rather than the case. It is believed that these reports will present a truer picture of the work of the juvenile courts.

The Children's Bureau also is experimenting with a technique for local communities to use in establishing central registration of children whose behavior is reported as delinquent by local agencies. Such registration may be a step toward improved measurement of juvenile delinquency and may hold possibilities as a tool for community planning in organization of services for children and youth. When this technique has been developed, it will be made available to interested communities.

TABLE 7.—*Juvenile-delinquency cases, 1940, 1941, 1942, 1943: BOYS' AND GIRLS' CASES
DISPOSED OF BY 82 COURTS SERVING AREAS WITH POPULATIONS OF 100,000 OR MORE THAT INCREASED
OR DECREASED IN POPULATION 1940-43, ACCORDING TO LOCATION OF AREA SERVED BY COURTS*

Areas served by courts, grouped according to type of change in population (increase or decrease) from April 1, 1940 to November 1, 1943, ranked according to percentage change	Estimated percent change in civilian population Apr. 1, 1940 to Nov. 1, 1943 ^a	Delinquency cases											
		Total				Boys				Girls			
		1940	1941	1942	1943	1940	1941	1942	1943	1940	1941	1942	1943
Total—all areas	-----	63,423	68,288	73,205	95,778	52,824	56,299	58,593	77,152	10,599	11,989	14,612	18,626
AREAS THAT INCREASED IN POPULATION 1940-43.	-----	42,055	44,898	49,222	65,052	34,658	36,595	38,931	51,892	7,397	8,401	10,291	13,160
VIRGINIA: Norfolk-city.	+50.8	484	646	785	1,182	387	493	597	879	97	153	188	303
CALIFORNIA: San Diego County (San Diego).	+42.9	2,235	1,304	1,709	1,805	1,975	1,037	1,218	1,295	260	267	491	510
OREGON: Multnomah County (Portland).	+28.2	830	957	1,206	2,719	711	866	973	2,361	119	91	235	358
DISTRICT OF COLUMBIA: Washington-city.	+24.2	2,397	3,094	2,860	3,204	2,312	2,836	2,536	2,852	285	258	324	352
WASHINGTON: Pierce County (Tacoma).	+20.6	159	245	277	416	114	173	189	306	45	72	88	110
MICHIGAN: Oakland County (Pontiac).	+17.0	296	349	449	612	264	305	353	480	32	44	96	132
INDIANA: Vanderburgh County (Evansville).	+15.7	239	263	490	740	180	221	420	587	59	42	70	153
TEXAS: Bexar County (San Antonio).	+15.3	1,763	2,065	2,324	3,182	1,320	1,527	1,750	2,331	463	538	574	851
OHIO: Montgomery County (Dayton).	+14.6	1,463	1,338	1,341	1,933	1,272	1,147	1,089	1,553	191	191	252	380
CALIFORNIA: Los Angeles County (Los Angeles).	+12.8	2,646	3,172	3,378	4,458	2,210	2,714	2,806	3,846	436	458	572	612
TEXAS: Dallas County (Dallas).	+11.2	1,354	1,448	1,440	2,228	1,115	1,188	1,153	1,791	239	260	287	437
OKLAHOMA: Tulsa-city.	+10.3	97	147	159	340	68	75	69	216	29	72	90	124
FLORIDA: Dade County (Miami).	+10.0	670	640	635	823	545	510	487	621	125	130	148	202
UTAH: Third District (Salt Lake City).	+9.1	1,099	1,245	1,738	2,613	945	1,105	1,577	2,267	154	140	161	346
CALIFORNIA: San Francisco-city and county.	+8.7	582	621	591	946	447	477	402	653	135	144	159	293
MICHIGAN: Wayne County (Detroit).	+8.0	2,000	2,220	2,196	2,726	1,783	1,933	1,868	2,286	217	267	308	440
INDIANA: Marion County (Indianapolis).	+7.3	424	607	1,358	2,019	232	548	1,036	1,580	192	259	322	439
OHIO: Franklin County (Columbus).	+7.3	1,015	1,086	1,072	1,342	712	718	646	880	303	368	424	462
MISSOURI: Summit County (Akron).	+7.1	1,106	1,073	1,311	2,060	912	830	1,079	1,760	194	243	232	300
INDIANA: St. Joseph County (South Bend).	+7.0	683	853	1,012	1,579	545	669	825	1,193	138	184	187	386
ARKANSAS: Pulaski County (Little Rock).	+6.2	644	888	859	981	454	582	548	624	190	306	311	357
WASHINGTON: Spokane County (Spokane).	+6.0	481	559	503	1,065	391	470	389	838	90	89	114	227
OHIO: Stark County (Canton).	+5.4	313	158	203	195	242	104	141	157	71	54	62	38
OHIO: Hamilton County (Cincinnati).	+4.9	3,203	3,319	3,128	4,117	2,543	2,604	2,410	3,254	660	715	718	863
PENNSYLVANIA: Montgomery County (Norristown).	+4.8	155	182	272	252	136	168	243	231	19	14	29	21
NEW YORK: Nassau County (Hempstead).	+4.3	156	197	162	271	141	176	142	243	15	21	20	28
GEORGIA: Fulton County (Atlanta).	+4.2	1,079	1,164	1,192	1,549	896	957	950	1,263	189	207	242	286
NEW YORK: Suffolk County (Patchogue).	+4.2	118	116	74	142	104	108	66	126	14	7	8	16
INDIANA: Lake County (Gary).	+4.1	227	312	417	472	167	218	281	341	60	94	136	191
NEW YORK: Niagara County (Niagara Falls).	+4.1	119	121	190	241	107	102	156	183	12	19	34	58
OHIO: Trumbull County (Warren).	+2.8	293	260	367	492	258	229	294	383	35	31	73	109
SOUTH CAROLINA: Greenville County (Greenville).	+2.8	202	270	292	300	167	233	235	253	35	37	57	47
OHIO: Butler County (Hamilton City).	+2.6	757	702	983	1,103	527	493	668	827	230	209	315	276
NEW YORK: Schenectady County (Schenectady).	+2.0	103	107	106	91	87	87	94	75	16	20	12	16
MISSOURI: Jackson County (Kansas City).	+1.7	966	1,200	1,414	1,804	742	939	1,067	1,398	224	261	347	406
OHIO: Cuyahoga County (Cleveland).	+1.0	1,674	1,790	1,814	2,188	1,281	1,368	1,304	1,581	393	422	510	607
OHIO: Lorain County (Elyria).	+1.0	244	77	260	395	211	67	213	299	33	10	47	96
PENNSYLVANIA: Philadelphia-city and county.	+0.8	6,430	6,841	7,335	9,433	5,582	5,727	6,066	7,901	848	1,114	1,269	1,532
MISSOURI: St. Louis-city.	(f)	3,129	3,160	3,318	3,034	2,579	2,590	2,539	2,178	550	570	779	856
AREAS THAT DECREASED IN POPULATION 1940-43.	-----	21,368	23,292	23,983	30,726	18,166	19,704	19,662	25,260	3,202	3,588	4,321	5,466
NEW YORK: Erie County (Buffalo).	-0.4	762	981	790	1,114	666	845	660	936	96	136	130	178
MISSOURI: Milwaukee County (Milwaukee).	-0.6	4,802	5,973	6,086	6,881	4,249	5,335	5,246	5,987	553	638	840	894

See footnotes at end of table.

TABLE 7.—*Juvenile-delinquency cases, 1940, 1941, 1942, 1943: BOYS' AND GIRLS' CASES*
DISPOSED OF BY 82 COURTS SERVING AREAS WITH POPULATIONS OF 100,000 OR MORE THAT INCREASED OR
DECREASED IN POPULATION 1940-43. ACCORDING TO LOCATION OF AREA SERVED BY COURTS.—*CONTINUED*

Area served by courts, grouped according to type of change in population (increase or decrease) from April 1, 1940 to November 1, 1943, ranked according to percentage change	Estimated percent change in civil population Apr. 1, 1940 to Nov. 1, 1943 ^a	Delinquency cases											
		Total				Boys				Girls			
		1940	1941	1942	1943	1940	1941	1942	1943	1940	1941	1942	1943
AREAS THAT DECREASED IN POPULATION 1940-43.—Continued													
NEW YORK: Broome County (Binghamton)	-0.8	64	112	103	131	51	96	82	94	13	16	21	37
Oneida County (Utica)	-0.9	169	208	254	327	130	175	210	266	39	33	44	61
INDIANA: Allen County (Fort Wayne) ^c	-1.5	102	125	138	779	62	75	89	629	40	50	49	150
MINNESOTA: Hennepin County (Minneapolis) ^e	-2.2	860	932	985	1,277	667	709	697	911	193	223	288	366
RHODE ISLAND: Sixth district (Providence)	-2.5	165	203	247	373	149	181	207	317	16	22	40	56
MASSACHUSETTS: Springfield district (Springfield)	-2.9	143	143	150	227	125	125	128	187	18	18	21	40
IOWA: Polk County (Des Moines)	-3.1	832	789	718	1,008	757	706	591	876	75	83	127	132
MINNESOTA: Ramsey County (St. Paul)	-3.3	510	458	469	729	440	379	416	624	70	79	53	105
NEW YORK: Oneida County (Syracuse)	-4.0	296	328	304	471	267	267	245	401	29	61	59	70
Marion County (Rochester)	-4.5	177	150	153	234	153	129	130	186	24	21	23	45
Albany County (Albany)	-5.0	298	295	282	304	253	248	231	249	45	47	51	55
MASSACHUSETTS:													
Boston:													
Boston-central section	-5.1	385	454	526	835	273	368	395	548	112	86	131	287
Brighton	-5.1	46	41	60	59	38	38	58	51	8	3	2	8
Charlestown	-5.1	85	66	82	92	61	77	83	3	5	5	9	
Dorchester	-5.1	182	111	134	154	170	93	128	136	12	18	6	18
East Boston	-5.1	292	296	166	160	269	276	149	134	23	20	17	26
Roxbury	-5.1	331	398	387	542	281	357	317	438	50	41	70	104
South Boston	-5.1	111	92	105	115	100	77	98	100	11	5	7	15
West Roxbury	-5.1	98	133	114	179	91	116	107	164	7	17	7	15
East Norfolk district (Quincy)	-5.1	151	165	173	276	133	155	149	254	18	10	24	22
First district of eastern Middlesex (Medford)	-5.1	140	193	166	232	129	177	149	201	11	16	17	31
Lawrence district (Lawrence)	-5.1	71	100	118	73	63	86	107	65	8	14	11	8
Lowell district (Lowell)	-5.1	97	58	80	80	90	51	64	72	7	7	16	8
Somerville district (Somerville)	-5.1	102	55	55	70	98	50	52	64	4	5	3	6
Southern Essex district (Lynn)	-5.1	81	112	128	146	77	101	113	137	4	11	15	9
Third district of eastern Middlesex (Cambridge)	-5.1	135	220	219	236	107	180	187	205	28	40	32	31
NEW YORK: Dutchess County (Poughkeepsie)	-5.3	72	65	83	114	49	55	64	96	23	10	19	18
MASSACHUSETTS: Second district of Bristol (Fall River)	-6.1	163	124	145	239	155	113	121	197	8	11	24	42
Third district of Bristol (New Bedford)	-6.1	140	170	213	269	135	156	200	252	5	14	13	17
MICHIGAN: Kent County (Grand Rapids)	-6.1	406	372	368	587	347	326	298	490	59	46	70	97
MASSACHUSETTS: Central district of Worcester (Worcester)	-6.2	322	324	347	373	289	293	310	301	33	31	37	72
PENNSYLVANIA: Allegheny County (Pittsburgh)	-6.3	2,612	2,663	2,709	3,165	2,135	2,110	2,125	2,471	477	553	584	694
NEW YORK: Orange County (Newburgh)	-6.5	71	64	83	131	63	56	74	117	8	8	9	14
LOUISIANA: Caddo Parish (Shreveport)	-7.0	360	358	319	436	286	262	221	293	74	96	98	143
PENNSYLVANIA: Berks County (Reading)	-7.8	135	137	183	248	122	133	166	232	13	4	17	16
NEW YORK: Chautauque County (Jamestown)	-7.9	129	217	176	159	115	198	163	133	14	19	13	26
NEW JERSEY: Hudson County (Jersey City)	-8.4	270	275	311	335	233	231	264	280	37	44	47	55
NEW YORK: Rensselaer County (Troy)	-8.4	225	175	307	198	171	132	234	165	54	43	73	33
Westchester County (Yonkers)	-8.9	284	293	345	427	246	242	282	370	38	51	63	57
NEW York-city	-9.9	3,920	4,409	4,860	6,444	3,214	3,555	3,799	5,194	706	854	1,061	1,250
IOWA: Woodbury County (Sioux City)	-13.4	772	465	342	497	636	386	258	354	136	79	84	143

^a U. S. Bureau of the Census: Population; Estimated. Civilian Population of the United States, by Counties, November 1, 1943. Series P-44, No. 3. Washington, February 15, 1944. 27 pp. ^b Estimate is based on the population of the whole metropolitan area in which the court is located, not on the population of the area served by the court. Separate estimates for subdivisions are not available. ^c In March 1941 the age under which juvenile courts in Indiana have jurisdiction over delinquent boys was raised from 16 to 18 years. ^d In May 1941 the age under which juvenile courts in Oklahoma have jurisdiction over delinquent girls was raised from 16 to 18 years. ^e Since the juvenile-court reorganization of March 1942 this area has been designated as the second juvenile-court district. ^f Increase less than 0.1 percent. ^g Excludes traffic violations.



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